THE ROLE OF ACE IN

SUPPORTING EQUITABLE MENTAL HEALTH REFORM

Research report

Adult Learning Australia

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Executive summary

This national research project was undertaken to explore the role of adult and community education (ACE) providers in supporting equitable and effective mental health reform through their non-formal and formal learning programs.

Introduction

According to the World Health Organization, mental health is a state of wellbeing where an individual can realise their own potential; cope with the stresses of daily life; work productively and make a contribution to their community.

This holistic definition expresses a positive dimension to mental health rather than the simple absence of mental illness. It emphasises wellbeing for *everyone* rather than focussing solely on mental disorders. It highlights the broader issues that promote mental health such as access to education; socio-economic empowerment; social support mechanisms and community development programs that target vulnerable groups, including minorities, indigenous people and migrants.

> Poor mental health has enormous social and economic costs. Each year, one in five or around 20% of Australians aged between 16 and 85 will experience a mental health condition. The economic cost of mental health conditions to Australia is significant, with 'estimates ranging up to $40 billion a year'.
>
> (Blackdog Institute 2016)

A recent review of mental health programs and services by the National Mental Health Commission, *Contributing Lives, Thriving Communities*, highlighted the complexity, inefficiency and fragmentation of the mental health system and presented the case for long-term sustainable reform.

Key issues highlighted in this Review included:

- fragmentation, inefficiency, duplication and a lack of planning and coordination at a local level
- service delivery based on the needs of providers, rather than consumer choice
- late intervention to offer services for people with mental illness, with an imbalanced focus on acute, crisis and disability services rather than prevention and early intervention
- a 'one size fits all' approach to service delivery that does not optimally match or meet individual needs
- under-utilisation of innovative approaches to use workforce and technology.

(National Mental Health Commission 2015)

This research project explores the capacity of the adult and community education (ACE) sector to provide solutions to some of the issues highlighted in the Review, and also to explore the sector's current and potential role in supporting equitable and effective mental health reform through their distinctive non-formal and formal learning programs.

(The next section p. 8 provides a full definition of ACE.)

Lifelong learning and wellbeing

There is no single cause for mental illness. Social, physiological, environmental and psychological factors play a part such as isolation, employment status, income and education level.

> Wellbeing is associated with such social qualities as confidence, optimism about the future, a sense of influence over one's own destiny, and the social competences that promote satisfying and supportive relationships with other people – and not simply with an absence of diagnosed illness, disability or dissatisfaction.
>
> (Mental Health Foundation 2011)

Over a decade ago, Adult Learning Australia (Cross 2005) identified four actions to take the nexus between structured adult learning and better health to another level, by:

1. promoting a holistic and positive attitude toward health
2. promoting a holistic understanding of the role of structured learning
3. developing better research around the wider benefits of structured learning for all adults and around the value of preventative health strategies
4. building administrative bridges between health and education.

Further, Cross (2005) highlighted the considerable role the ACE sector played in terms of keeping Australians healthy and identified 'the standard programs offered by typical community education providers' that promoted mental health including programs that focussed on problem-solving dilemmas, good nutrition, meditation and building self-esteem.

In 2008, the UK Foresight Report on mental capital and wellbeing highlighted the importance of lifelong learning in terms of maintaining mental health. Lifelong and lifewide learning recognises that individuals learn throughout their lives; that learning takes place in different settings – formal, non-formal and informal – and that learning can occur simultaneously.

The Foresight Report further identified five actions people could take to improve their mental health:

1. Connecting with your community
2. Being active
3. Taking notice of the world around you
4. Continuing to learn
5. Giving to others

The distinctive nature of ACE fits neatly with Foresight's identified actions. The evidence that ACE has a strong positive impact on health and wellbeing comes from direct responses from participants in ACE programs and from well established research into the links between learning and wellbeing as identified in this report.

Method

This research project includes a literature review and uses case studies to explore the role of ACE in supporting people with mental health issues. Twelve case studies were conducted of different learning programs delivered by ACE providers around Australia.

These case studies unpack some of the concepts presented in this report. They were selected from a mix of ACE organisations offering programs to diverse target groups, through a range of interventions aimed at promoting and improving mental health. This allowed us to capture the perceptions of a wide range of ACE organisations and their clients to identify common themes that could be applied to policy development. The organisations that provided case studies for this research report are:

- Jesuit Community College (VIC)
- Rainbow Coast Neighbourhood Centre / Country Health Service – Great Southern, Population Health (WA)
- Farnham Street Neighbourhood & Learning Centre (VIC)
- Tamworth Community College (NSW)
- WEAVE Youth and Community Services (NSW)
- Albury Wodonga Community College (NSW)
- SkillsLink (Port Macquarie Community College NSW)
- City East Community College; St George & Sutherland Community College / Sth Eastern Sydney Recovery College (NSW)
- Kew Neighbourhood Learning Centre (VIC)
- Keysborough Learning Centre (VIC)
- Pines Learning (VIC)
- Community Centres SA (SA)

Findings

An analysis of the case studies in this research highlights that ACE programs have been effective; particularly in terms of social inclusion, for people suffering the effects of mental ill health – ranging from depression through to schizophrenia. Key themes from this research indicate that:

- ACE organisations have the skills and expertise to provide low cost programs that support adults with mental health issues to participate in community life and minimise social isolation.
- ACE programs can help to reduce the symptoms of some mental health disorders for some participants.
- ACE programs can provide pathways to skill development, employment and to mainstream education options for some people with mental health issues.
- Strategic partnerships between ACE organisations and community mental health care providers can help to ensure adults with mental health issues are engaged in socially meaningful activities.
- Allocating sufficient and appropriate resources and support to adults with mental health issues through ACE is potentially an effective preventative measure.
- Community learning partnerships of various kinds are necessary to support people with mental health issues.
- Developing ongoing and enduring rather than one-off project-based community learning partnerships is an important sustainability factor.

Recommendations

This research project highlights the need for cross-government departmental collaboration in support of mental health and wellbeing in Australia; particularly in the areas of health and education.

1. Mental health needs to be included in education policies, and governments should embrace the World Health Organization's definition of mental health as the starting point for the development of such policies.

2. Community learning partnerships must be a key strategy for Australia to become an 'inclusive learning society'. Building strong and effective partnerships between community education and community health networks will enable the full benefits of learning to be achieved across a wide range of areas including education and training, health, social services and will support workforce development.

3. Preventive measures outlined by policymakers for mental ill health must neatly align with principles of social equity and support for vulnerable groups in our society – principles that are already fully incorporated into ACE practice.

4. Further research is required to explore the role of referral agencies and social prescription in maximising the potential of ACE programs in supporting people with mental health issues.

What is adult and community education?

Adult and community education is a discrete fourth sector of education in Australia – that is community based, not for profit and provides accessible learning opportunities for adults in local communities that meets their needs and supports place-based community development.

The adult and community education (ACE) sector is diverse, innovative, cost effective and resilient. It transforms people and communities through the efficient use of adult educators, community workers and volunteers. The sector is distintive with a particular focus, set of values and learning practice.

Not for profit ACE organisations vary in size and in terms of the programs they deliver, which may include personal interest learning, adult basic education, foundation skills and accredited vocational education and training. There are at least 2500 ACE organisations around Australia and many are located in rural and regional areas where the existence of other educational facilities is either non-existent or limited.

> ACE is defined differently in each state and territory of Australia. Some states support a sector of not-for-profit ACE providers, while others use the term ACE to refer to a set of non-formal programs. Both views of ACE have a strong focus on engaging socially and economically marginalised groups through learning.
>
> (Adult Learning Australia 2015a).

The 2008 Ministerial Declaration on ACE (MCEETYA) identified the diversity of the sector as a strength, describing ACE as dynamic, diverse and responsive.

What makes ACE different?

Not for profit adult and community education organisations have defining features. Research on ACE often makes reference to the idea that ACE is different. It is these distinctive features that identify it as a fourth sector of education (in addition to schools, vocational education and training and university).

ACE is focussed on the local community

The ACE sector is focussed on meeting the needs of the adults in their own communities. The starting point of ACE is around providing learning opportunities that meet community needs and build community capacity.

ACE is inclusive

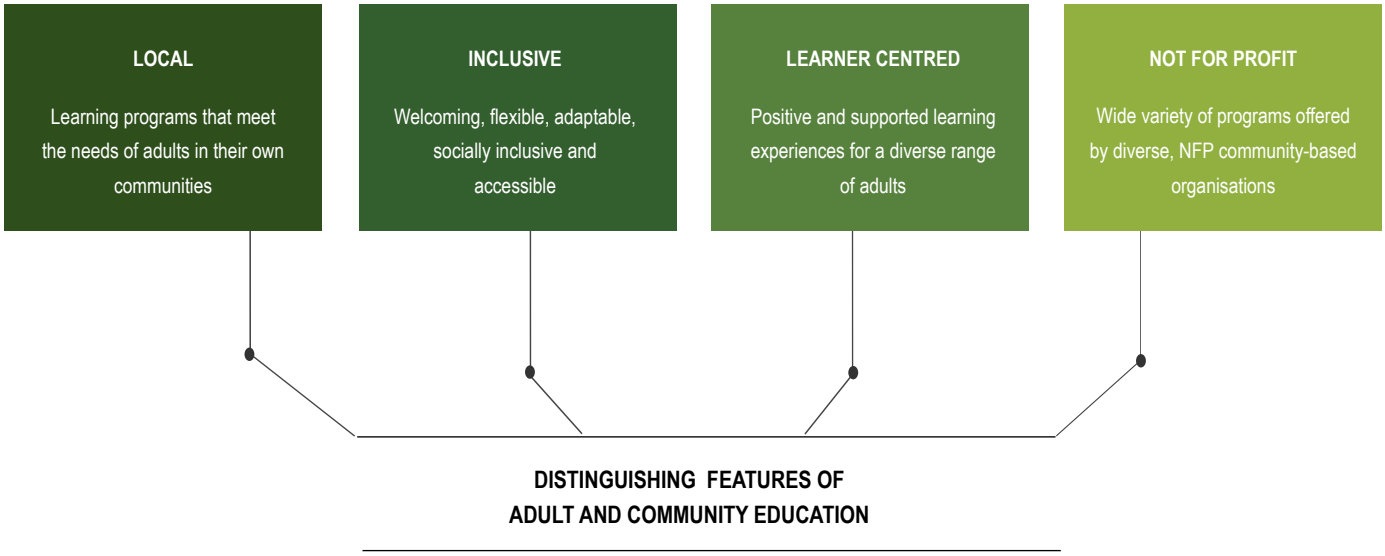
ACE has a flexible, adaptable, welcoming, caring and non-judgemental culture. ACE is inclusive offering learning programs and opportunities in friendly, community settings that cater for adults of varying abilities and backgrounds. ACE is a gateway for adults who wish to return to learning regardless of their age, gender, culture, ability or educational attainment (Adult Learning Australia 2015a).

ACE is an alternative for second chance learners. It starts where the learner is at by offering learning programs that build on their existing skills and knowledge. ACE delivers new knowledge and skills and other outcomes, which include developing the confidence and motivation to pathway into further learning opportunities.

ACE takes a learner-centred approach

ACE recognises that we are all different and that we have different learning needs and preferences. ACE programs seek to meet the individual needs and preferences of a broad 'spectrum of learners' (Adult Learning Australia 2015a).

ACE views education and learning as a fundamental human right for all adults and that learning approaches should



be engaging and seek to 'foster personal, social and intellectual development' (Adult Learning Australia 2015a).

> ACE uses adult learning principles that encourage learners to take ownership of the learning process through active participation, learn through doing and real-time demonstration of skills, learn from each other through shared learning tasks, and appraise their experiences and changes in their own perceptions, goals, confidences and motivations for learning in the future.
>
> (Sanguinetti, Waterhouse, & Maunders, 2004)

ACE is delivered by distinctive providers

ACE providers are a diverse group that includes neighbourhood houses, community centres, community men's shed, Workers' Education Associations, Adult Education Institutions (such as Adult Multicultural Education Services and the Centre for Adult Education in Victoria), Universities of the Third Age, Community Colleges, etc.

ACE providers are community owned and governed through volunteer boards. They are not for profit organisations with adult education as a primary focus. ACE providers build strong partnerships and networks within their local communities; particularly with other human services providers.

These networks and partnerships provide a channel for two-way referrals. They also ensure that adult learners in ACE programs have access to appropriate support services. These partnerships increase the capacity of the community in terms of place-based community development.

Volunteers are another important feature of adult and community education that supports the provision of low cost learning programs. Volunteering also offers the volunteers access to non-formal learning opportunities, skill development, workplace training and a potential pathway into paid work in the future.

These distinctive features of ACE are recognised by the people who participate in ACE programs as the sector's key strengths.

> Australian ACE provides a nexus between adult education and community development and adult education and economic development.
>
> (Adult Learning Australia 2015)

Literature review

This section provides a review of the research literature and considers the relationships and potential benefits of accessing adult and community education for people with mental health issues.

As previously noted, in Australia, one in five people between the ages of 16 and 85 years old experience mental illness in any year. The incidence and severity of mental illness varies, with depression and anxiety the leading causes of long-term illness.

In Australia compromised mental health has significant economic impacts in terms of the labour market alone, mental illness is estimated to cost the economy over $12 billion/year including over $200 million worth of workers compensation claims (Black Dog Institute 2014).

People are able to function better both emotionally and psychologically when they have constructive social relationships. Social isolation exacerbates poor mental health.

There is strong evidence of the association between social networks or social support and health, including mental health (Kawachi & Berkman 2001).

Many studies have shown that isolation results from sustained mental illness. Ensuring that people living with mental health issues are socially connected remains a social policy gap in many countries. New Zealand has made significant policy gains in connecting people with mental health issues into adult and community education, with the principal focus being on recovery. Targeted programs for men, women and people from culturally and linguistically diverse (CALD) communities have been piloted and trialled in several countries including the United Kingdom (Mental Health Foundation 2011).

Many programs aimed at building social capacities for improved participation for people with mental illness in Australia have been ad hoc, or time limited through particular policy and project initiatives. Underpinning the policy and projects in New Zealand and the United Kingdom have been principles and notions of social inclusion and participation, as key aspects for improving the lives of people with mental illness. Narrow medical definitions of mental illness overlook the importance of social inclusion and participation in recovery and wellbeing.

Deinstitutionalisation has resulted in people with mental illness living in the community but more often than not this has meant that the care and support of people with mental illness is either neglected or falls to families (Lamb 1984).

As an unintended consequence, isolation and exclusion exacerbate the effects of mental illness including among those who are carers. Instituting or rather filling the gaps that have emerged from community-based treatments for people living with mental illness has for a long time been a second order public policy concern.

Responses to social inclusion that foster meaningful participation are patchy and this is evident in research in countries like Australia, New Zealand and the United Kingdom. Closing down institutions was one step, the first in moving toward a more holistic community-based approach to including and supporting people with mental illness to live whole and fulfilling lives in the community.

Redressing barriers to inclusion and participation remains a key policy challenge and requires ongoing and innovative efforts to secure sustained and meaningful options for people with mental illness to lives free from social isolation.

Social inclusion and participation

Mitigating social isolation or social 'drifting' (Lamb 1984) requires concerted efforts that better connect people with mental illness to community-based treatment and social support services and networks. The dire consequences of mental illness can often mean that as a direct outcome of the vulnerabilities associated with mental illness, many people live without consistent social contact and routine patterns or options for meaningful social participation in activities that contribute to their individual social wellbeing.

In worse case scenarios, people living with mental illness become unable to work, homeless, and can often end up in criminal justice systems, through misdemeanours that end up in the courts and result in higher concentrations of people with mental illness being incarcerated (Lamb 1998).

However, research from New Zealand and the United Kingdom demonstrates that while not a panacea, adult and community education centres who partner with community health care providers can have a powerful effect on the social engagement of people with mental illness.

Strategic partnerships

This was made explicit in two key studies in New Zealand and the United Kingdom (Lapsley, Nikora & Black 2002; Mental Health Foundation 2011). In New Zealand, the University of Waikato gathered narratives of mental ill health, recovery and life after recovery by interviewing Maori and non-Maori women and men who once had disabling mental health problems to identify key themes in their recovery process and life after recovery. In the United Kingdom, a partnership between Northamptonshire Teaching Primary Care Trust and Northamptonshire County Council Adult Learning Service explored how community-based adult learning courses can affect mental health and wellbeing.

These projects revealed how creative engagements between adult and community education providers working with community mental health agencies can have positive impacts on the lives of people with mental health issues and their social, emotional and psychological wellbeing. These two projects in particular found important benefits in linking adult and community education with mental health care and with employment and work placements. These sorts of partnerships and strategic project and program interventions were found to have long lasting effects.

Underpinning the approach to such projects involves a notion of social prescription, whereby people with mental illness are linked into the community through neighbourhood learning centres, community recreation services and employment support based agencies. Social prescription is an adjunct to medical prescription that involves pharmacological intervention. Social prescription is where primary care services refer people with social or emotional needs to a range of local, non-clinical services, which are often provided by the community sector.

Recovery, wellbeing, creative expression and healthy living were core organising principles of these two programs in New Zealand and the United Kingdom. People with mental illness were socially prescribed meaningful and regular activities in the community including yoga, meditation, mindfulness training, nutrition and self-care courses, and learning options at adult and community education sites.

Disruption and engaging responses

> The onset of serious mental illnesses is highest between the ages of 15 and 21 when young people are beginning the development of their adult roles. During this time they are completing secondary education, completing a postsecondary degree programs or vocational training that prepares them to work, developing relationships from which to create a social networks and learning their rights and responsibilities within their communities.
>
> (Newman et al., 1996)

The onset of a mental illness disrupts social participation particularly education and schooling. It is for these reasons that partnerships between community mental health services and adult and community education providers can achieve much in the way of fostering engagement and promoting social inclusion and participation.

Community-based adult learning programs offer a simple, low cost way of helping to reduce the symptoms of mild to moderate depression and anxiety (Mental Health Foundation 2011). Connecting people with mental illness to adult and community education providers through partnerships with community mental health agencies is a useful way to disrupt prolonged social isolation because they allow people with mental illness to form and develop friendships and build sustained social skills and networks.

Both the UK and NZ projects revealed that there was a need to implement ongoing and enduring rather than one-off project-based partnerships. Concern was expressed that once these sorts of projects end, people with mental illness are again abandoned to patterns of social isolation and disengagement.

Wellbeing in a holistic sense is the core work of adult and community education providers, (such as Neighbourhood Houses, Community Centres and Men's Sheds). Making mental illness and those living with it a key constituent group in a policy and operational sense adds much to the visibility of the roles, functions and work of adult and community education.

Lifelong and lifewide learning as social prescription

Lifelong learning has long been an important policy response to changing social and economic factors. Lifelong learning prepares people with the skills to better fit and respond to changing work circumstances throughout their lives. Lifewide learning considers the transformational outcomes of learning at a personal and individual level.

Lifewide learning is not just focussed on the immediate skill needs of a changing labour market, but is focussed on assisting people to change at the level of the self. It involves experiencing learning for self-development.

Together lifelong and lifewide learning when organised around the concept of social prescription provide an avenue to respond to the socially detrimental effects of mental illness.

Social prescription is about linking people with others and with local social support groups and agencies. This is done with the belief that participation improves people's sense of purpose, where they develop new skills and gain more personal satisfaction.

Mitigating the effects of poor mental health

Education is understood to have a protective effect against age-related mental health (Tooth & Mishra, 2015). Tooth and Mishra (2015) argue that further education achieved by women up to the age of 39 was associated with less depressive symptoms.

The value of formal and less formal education is found to have measureable positive effects. Such research underlines the importance of encouraging women to pursue further education early on to mitigate depressive symptoms later in life. While focussed upon women it could well be argued that similar approaches for men would likely have similar outcomes.

Other research (Straiton, Grant, Winefield & Taylor 2015) found there was an increase in the prevalence of anxiety and/or affective disorders amongst the unemployed. This

study highlighted the detrimental effects of social isolation associated with unemployment. The research also found that migrant men who are not employed are at increased risk of mental health issues and are less likely to pursue treatment.

Socially prescribing lifelong and lifewide learning options for women, men and specific cultural groups would result in creating a broader reach for the ACE sector in attending to the needs of those vulnerable to social isolation as a result of being mentally unwell.

Key turning points in recovery described in the New Zealand research (Lapsley, Nikora & Black 2002) involve strategically targeted social contact and support. This included survivor groups, community mental health groups such as church groups and GROW, which is a community-based organisation that helps people recover from mental illness through a program of mutual support and personal development.

A key feature in the recovery of people with mental health issues was learning from others, and the emotional and social development that resulted from this contact.

Re-engaging young people

Mental ill health is the 'number one health issue facing young Australians'. It contributes to almost 'half of the burden of disease in young people'.

(Headspace 2011)

Around 75% of mental health issues occur before the age of 25, and over 50% of young people have experienced a diagnosable psychiatric disorder by age 21 (Headspace 2011).

Youth disengagement as a result of mental health issues is a problem not only for the individuals concerned but for society as a whole. When young people are socially isolated, unable to complete school or move successfully into further education or employment, they face a difficult and uncertain future (Adult Learning Australia 2014).

Who?

Jesuit Social Services / Jesuit Community College

What?

The Artful Dodgers Studio

The Artful Dodgers Studio is a flexible and welcoming studio space where young people can create art and music with the support of experienced artists and musicians.

Why?

In 1996, Jesuit Social Services identified a service gap for young people with dual diagnosis. They found that given the complexity of young people's lives the idea that they would present with one 'risk factor' only was highly unlikely.

Dual diagnosis is when someone is affected by both mental ill health and substance use (alcohol and/or drugs). 'Mental illness and substance use interact to make each diagnosis worse' and this can seriously impact many areas of a young person's life (MIFV 2013).

Jesuit Community College is the training arm of Jesuit Social Services. It is a not for profit registered training organisation and Learn Local organisation. Learn Local organisations are a diverse group of training providers in Victoria, which include community houses, learning centres, community colleges, neighbourhood houses and other training centres managed by major not for profit organisations such as the Brotherhood of St Laurence and Jesuit Social Services. Learn Locals deliver programs in personal interest learning and adult basic education (both non-accredited and accredited).

The Artful Dodgers Studio (ADS) was established in 1996 and is now one of Victoria's longest running community cultural development programs and an integral part of Jesuit Community College's programs. The Studio aims to increase 'social connectedness, self esteem, foundation and employability skills' and supports young people to re-engage positively with learning. Young people can participate in a short course or one-to-one mentoring. They can also work on individual or collaborative projects or a combination of these based on their own individual needs and readiness.

Participants can choose how they will engage and this gives them agency and control over their own stories and artistic output. The supporting artists encourage participants 'to strive for artistic excellence'. Young people can develop skills in painting, drawing, stencil, sculpture, printmaking, filmmaking, photography, animation, digital art, web design, music, writing, recording and sound design.

Studio participants experience a high incidence of homelessness and disengagement from family, school and other 'community' institutions. It is not unusual for participants to exhibit high-risk behaviours such as prostitution, offending, intravenous drug use, needle

sharing, suicide attempts, and other forms of self-harm, including unsafe sex and binge drinking.

> ...[P]articipants may have significant motivational problems as a consequence of their experiences of mental illness or substance misuse.
>
> (Thiele & Marsden 2003)

The Studio uses a 'sustained engagement model' designed specifically for marginalised young people. Outcomes are achieved through a process of developing trust, modelling positive relationships and referring participants to 'wrap-around support services' as required. The Studio is a place where young people can explore identity beyond risk factors, using artistic skills to realise their own unique stories and visions.

'Being an informal drop in studio has meant that young people engage over many months or years – coming back from admissions to hospital, homelessness and rehabilitation. It is 'a place of a non judgement, a place to belong' (Codognotto 2016).

Susan's story

Susan is 22 years old and has been coming to the Artful Dodgers Studios for three years. Susan has experienced depression and anxiety due to misdiagnosed illness, and is also a carer for her mother who also has mental health issues.

Susan accesses the open access studios on a regular basis and has exhibited at NGV Studios, Yarra Sculpture Gallery and has performed at various events including at Federation Square.

Susan is a well respected artist at the Studios and recently expressed a readiness to return to study. With support from Artful Dodgers Studios and the Jesuit Community College Reconnect program she has commenced a Certificate II in IT with InfoXchange and is working hard towards obtaining a traineeship in 2017.

Supporting young mums

Postnatal depression is a common but debilitating condition. The effects of postnatal depression can be long-lasting and affect a woman's ability to cope with daily life and the demands of having a new baby.

(Centre for Perinatal Excellence 2016)

Around 1 in 7 women will experience the symptoms of postnatal depression. Emotional changes experienced may include 'strong depressive mood swings, anxiety, social withdrawal, irritability and loss of enjoyment in usual activities' (Black Dog Institute 2016).

Who?

Rainbow Coast Neighbourhood Centre
WA Country Health Service – Great Southern, Population Health

What?

Bouncing Back

Bouncing Back is a program for women and their families experiencing stress, anxiety and depression following the birth of a child. A 9-week course is conducted each school term; the course consists of 2 hour morning sessions. Psycho-educational and cognitive behavioural philosophies are used with a particular emphasis on mother–infant education and whole of family communication.

Rainbow Coast Neighbourhood Centre provides an onsite crèche, which is essential to the successful running of the program. Many of these mothers have been unable to separate from their children prior to the group and having the children on-site facilitates their involvement in attachment exercises.

The women are encouraged to make use of the Centre and this collaboration has led to the development of follow-on programs that this group can access when the Bouncing Back program ends.

Why?

Anecdotally, WA Child Health nurses had been reporting an increase in clients presenting with symptoms of postnatal depression (PND) and anxiety. Screening was adhoc and services available to refer clients to were few and mostly limited to individual therapeutic sessions.

To ascertain if these clinical observations were correct the Child Health service was involved in a research program to identify the number of women presenting to the service displaying symptoms of depression. All women were screened using the Edinburgh Postnatal depression scale at 8 weeks, 4 months and 8 months post-delivery. The data showed a high prevalence of symptoms of PND. This lead to the development, piloting and implementation of the Bouncing Back program by Dr Caroline Zannetti and clinical staff from WACHSGS Mental Health and WACHSGS Population Health twenty years ago.

Depression and anxiety can and do impact on enjoyment of daily living and on the quality of the relationship and interactions that develops between mother and child and husband and wife. In the worst case scenario they can result in self harm.

The project was formally evaluated for clinical effectiveness in 2009. This showed that the program was effective in identifying mothers with PND and very successful in treating PND in the short term.

In 2014, following client feedback, the materials used in the program were updated to incorporate technology to suit this generation of new mothers and to widen the cognitive behavioural therapy approach that the program is based on to include third wave therapeutic approaches such as mindfulness, compassion and body awareness exercises.

The partnership between Rainbow Coast Neighbourhood Centre and WA Country Health Service – Great Southern, Population Health has developed over many years and through a shared vision and compassionate approach. The staff at Rainbow Coast Neighbourhood Centre have been a significant part of the program's success; particularly developing a parent's ongoing trust in continuing to find support programs after completing Bouncing Back.

Kelly's story

'I never expected this program to be so useful and make such a huge difference to not only my life but my family's as well. We now have a positivity fridge in our house. Our fridge is covered in motivational quotes and photos of my family and my achievements and fun times. We love looking at it all day long.

'I am loving the benefits mindful awareness has brought to our lives. I am able to calm down, relax and reconnect easily now (something only 10 km run or 1 hour surf used to do before).

'Most importantly I am much more aware of my moods, emotions and thoughts. This has helped me immensely. By keeping this awareness I know I can start to make the changes towards a happier life for me and my family.'

Meeting community needs

Research consistently shows that community based treatment is superior to hospital centred care for the vast majority of people with acute and long term mental illness.

(Rosen, Newton, & Barfoot 2003)

Community-based treatment for people with mental health issues is effective but deinstitutionalisation has meant that often support for people with mental illness falls to carers or family members.

Evidence presented to the 1993 Burdekin Inquiry into the human rights of people with mental illness 'stated that a wide range of non-government, community-based services were essential to the protection of the rights of people with mental illness' (Pollard 2005).

People who engage in adult and community education often come from disadvantaged backgrounds and have complex barriers. A strong commitment to social inclusion is important and learning programs must genuinely include and support people without discriminating or stigmatising. ACE organisations can make the principles of social inclusion real within communities.

Who?

Farnham Street Neighbourhood and Learning Centre

What?

Marvellous Mental Health

Marvellous Mental Health is not a single program; rather it is a coordinated response to deinstitutionalisation, mental health reform and changes in the needs of a local community.

Why?

Royal Park Hospital in Parkville Victoria was decommissioned in the 1990s due to the state government's policy on deinstitutionalisation. As a result, Farnham Street Neighbourhood Learning Centre found that the number of people with mental health issues presenting at their Centre increased significantly.

The coordinator at Farnham Street Neighbourhood and Learning Centre, was formerly a psychiatric nurse. She observed the challenges faced by staff and others attending the Centre's programs in dealing with the various situations that arose as a result of people presenting with mental health issues. She further observed in the community a limited understanding of mental illness and of people with the lived experience of mental illness.

The coordinator began a process of building relationships with mental health agencies. Initially she approached a local psychiatric disability support service for support. The manager provided staff with appropriate training, which included explaining major psychiatric illnesses, associated behaviours and the side effects of medication. Farnham Street Neighbourhood and Learning Centre has since developed a strong working relationship and partnership with this agency.

In 1993, the state government funded Farnham Street Neighbourhood and Learning Centre to run a cooking class for people with mental health issues. One objective was to teach healthy cooking and eating skills. Other objectives related to alleviating stress through positive activity and increasing self-esteem by encouraging goal-orientated behaviours. At times, these classes formed part of a broader treatment plan for participants. There are now four cooking classes all of which are full.

Many participants also attend other activities at the Centre including computer training, gardening, sewing and craft, art, community choir, the writing group and the Boomerang Network.

The Boomerang Network is a social support group for people with mental health issues. The Network also works together to plan low cost outings and activities such as group camps which are supported by MIND Australia and Cohealth.

Other Network activities include archery, orienteering, surfing and snorkelling, but by far the biggest achievement of this Network is around supporting people with mental ill-health to reconnect with their community.

Robert's story

'This place saves my life over and over again – from the small stuff like doing the writing, the gardening, the cooking and having a place to go and have a cup of coffee and meeting alternative thinking people – to the big stuff like keeping away suicidal thoughts.

'I feel very lost without permanent work. One of my biggest problems is filling in time. Freud said that work is an important part of a person's life and in a person's mental health. I try and create activities which give my life meaning outside of working because I haven't been able to get a job for 18 months.

'[This program] gives a person with not much to do, something to do. I don't like weekends, I'm scared to be on my own. The things I like about coming here are the sense of community, the community feel. I like the wide variety of ethnicities.

'I like to do new things. I like to be happy, to be active and to be well. I see life as my canvas. I just live it and take time to smell the roses. Part of my mania is that I rush around, so I like to rush around doing all the courses.

'I'm still here so something must be going right.'

(Robert, 59 years old male with schizophrenia)

Support in the regions

The overall prevalence of mental illness is broadly similar in rural and urban Australia, but the suicide rate is considerably higher in rural areas, particularly among younger men, elderly men, and Indigenous people.

(Royal Australian & New Zealand College of Psychiatrists)

Eighteen of the 20 electorates in Australia with the lowest household incomes are outside the capital cities. 'Further, regional and rural communities have particular features that can leave people stuck in a cycle of poverty and disadvantage, including reduced access to employment and health services' and inadequate local infrastructure (Adult Learning Australia 2015).

In rural areas, there is often some apprehension around seeking help and a fear of the stigma that can be associated with mental illness – particularly in smaller communities where people with mental illness may be more visible.

> Rural stoicism, resilient attitudes and lower educational levels can also influence help-seeking behaviour, readiness to engage with mental health services, and adherence to preventive advice.
>
> (National Rural Health Alliance 2015)

Not for profit adult and community education organisations often exist in towns 'whose population couldn't justify the existence of a fully operational TAFE or University campus' as the market is too small (Adult Learning Australia 2015).

Local grassroots community education programs are important in regional areas to reduce discrimination and to provide information and resources about mental illness, recovery and services.

Who?

Tamworth Community College

What?

Mental Health First Aid

Tamworth Community College's Mental Health First Aid program gives people the skills and knowledge they need to recognise when someone is going through a mental health crisis and then identify ways to support them.

Why?

Tamworth Community College identified a trend in enrolments that showed a 10% increase in students declaring a disability (including mental ill health). Many of these students were accessing ACE Community Service Obligation funding (a NSW Government initiative that supports participation for disadvantaged learners through ACE providers).

Tamworth Community College secured funding to develop a Recovery Integration Plan and framework for implementing the National Framework for Recovery-Oriented Mental Health Services. This funding was also used to put one of their trainers through Mental Health First Aid Australia's (MHFA) Instructor Training course so that they had a fully qualified person available to deliver MHFA courses to staff, local businesses and partner organisations.

By the end of 2016, all the College staff will have completed the MHFA training and two staff members are also scheduled to complete Aboriginal Mental Health First Aid Training. The goal is for all staff and trainers to have the skills to identify mental health issues in individuals and be aware of barriers to student engagement, employment and mental health recovery.

The course does not turn learners into mental health professionals nor does it teach people how to diagnose or treat a mental illness. Rather it helps people pick up mental distress signals. A more useful comparison is with conventional first aid courses where people learn to provide initial assistance with physical health scenarios until the arrival of medical or other assistance.

At this stage, Tamworth Community College runs two 12 hour Mental Health First Aid courses each term that are open to the public.

Tamworth Community College also provides wrap around services for all students with identified support needs. The College partners with local organisations like Billabong Cottage, Anglicare, Challenge Services housing and various employment services. The agencies refer students to the College and vice versa.

Kate's story

'I recently attended the Mental Health First Aid course as part of Professional Development in my workplace. The course was invaluable to me as it equipped me with some much needed personal skills and knowledge to prepare me for some family issues that arose.

'I was able to recognise the type of crisis that occurred and help alleviate some of the stresses that arose around this crisis and to ultimately seek the appropriate help for my family member.

'I recommend this course from this personal experience and feel I am much more compassionate and understanding of those with any mental health issues.'

Culturally safe and welcoming

The impact of colonisation, legislation and the stolen generation has created significant hardships for Aboriginal Australians. These problems continue today and impact on Aboriginal people and their mental health.

(Mental Health Commission WA 2015)

Over and above the factors that impact the general population, there are specific factors that have a high impact on the wellbeing of Aboriginal and Torres Strait Islander people. For example, Aboriginal and Torres Strait Islander communities may need a strong connection to land, culture and their ancestry. Their wellbeing may also be affected by:

- the impact of the Stolen Generations and separation from culture and identity
- racial discrimination
- social and economic disadvantage
- physical health issues
- incarceration, violence or substance misuse.

(Beyond Blue 2016)

Aboriginal and Torres Strait Islander communities have unique social structures. Aboriginal families are likely to include biological kin, members related through marriage and others who have a particular role and stature within the family. When encouraging community members to enter into partnerships or to participate in community education programs, it is critical that the approaches made and the programs designed are culturally safe and welcoming. The programs must originate from a community base and respond to community need, or they will not attract participants (Adult Learning Australia 2014).

Who?

WEAVE Youth and Community Services

What?

Speak Out

Why?

WEAVE works with young people aged between 12 and 28 years, who are experiencing mental health and AOD issues. Over seventy per cent of the people WEAVE work with are Aboriginal or Torres Strait Islander people.

'Speak Out' is a flexible program that highlights the need to discuss mental health issues in the wider community. Many participants in this program are experiencing a range of issues relating to socio-economic disadvantage, low literacy and numeracy levels, homelessness and contact with the criminal justice system. Often these issues are compounded by alcohol and drug misuse and 'emerging or diagnosed mental health conditions'.

The program is designed to empower young people to understand their circumstances. The underpinning ideology behind this program is that everybody has 'capacities, abilities, gifts and ideas, and living a good life depends on whether those capacities can be used, abilities can be expressed, gifts given and ideas shared'.

The Speak Out program incorporates a broad range of activities including workshops on health and wellbeing, bushwalking, beach trips and visits to local galleries. There is also a gardening program that teaches basic gardening skills such as garden design, vegetable garden preparation and also offers the opportunity to learn small business skills through their Veg Head stall at Redfern Night Markets. Leadership skills are developed through a youth advocates program where young people have the opportunity to present their views at community forums, committees and consultants.

Project workers coordinate activities, groups and events for clients in the Speak Out program and other young people that fall into this target group.

Who?

Albury Wodonga Community College

What?

Too Cool for School

Why?

Albury Wodonga Community College (AWCC) is a large non-metropolitan adult education centre and registered training organisation. Too Cool for School (2C4S) is AWCC's alternative learning program, which is 'based around two lower-level, nationally accredited VET qualifications: the Certificate of General Education for Adults and the Victorian Certificate in Transition Education. It has its own semi-independent organisation and staff are located on a separate site (Golding et al 2016).

Too Cool for School is designed for young people with mental health issues, learning barriers, special learning needs, diagnosed and undiagnosed learning disabilities, low levels of literacy and numeracy or who have disengaged from mainstream and alternative schools. The program targets youths at risk (which includes mental health, disability, ATSI and migrant cohorts in regional areas).

The 2C4S program is designed to develop individual goals and provides structured activities to improve reading, writing and numeracy skills related to community and employment needs. 2C4S provides a coach for each learner to help them work their way through the course modules and help them achieve their goals.

2C4S is a holistic program that embraces a strengths-based approach which involves inclusivity, trust and respect. It focusses on the individual's health and wellbeing and seeks to work collaboratively on mutually agreed goals to empower young people and draw on personal resources, motivations and hopes.

The program is flexible and offers individualised support and coaching in varied and mutually agreed locations.

Peter's story

Peter is a young Indigenous man from a small town in rural NSW. He left school early with low level literacy skills and after trying a job or two without much success, his sister encouraged him to try out the Too Cool for School program.

Through this program, Peter had to access additional support and coaching which have seen him grow in confidence and self-esteem. He achieved two foundation skills qualifications, completed a work experience program at the local Golf Course, established a small business with his Mum importing and selling cricket bats and has since enrolled in Certificate III in Landscape and Gardening at TAFE!

'2C4S has helped me build my confidence to do other courses and search for employment. My Coach made my learning experience an enjoyable and rewarding experience.'

Stories of social inclusion

Chronic loneliness and a lack of social support adversely affect mental wellbeing. There is a need for a 'broad societal response' that aims 'to prevent social isolation among older people through the development of age-friendly communities' which allow older people to fully participate.

(COTA Victoria 2014)

Research tells us that social isolation negatively affects mental wellbeing. Lifelong learning helps older people remain adaptive and resilient, and also helps them to manage their health and wellbeing.

Who?

SkillsLink (formerly Port Macquarie Community College) offers a suite of programs for vulnerable community members including people living with mental distress. Two of their programs are detailed below.

What?

A House With Many Stories

Why?

A House With Many Stories

A House With Many Stories is a social history pilot designed to address chronic mental health issues in older people; including alcohol abuse and gambling problems. The pilot involves socially disengaged older people sharing and recording their life stories.

A House With Many Stories is a community-based partnership with SkillsLink and the Panthers' Club Port Macquarie. The program partially satisfies the Panthers' corporate social responsibility brief. Other partners include the Rural Adversity Mental Health Program and Mid North Coast Local Health District. The program will be held over a 3–6 month period.

A House With Many Stories includes a series of activities that are designed to enhance self-worth and build social links among participants.

Project outcomes include:

- a public demonstration of the social histories produced by participants, such as an audio-visual kiosk, vox pops
- a radio feature for ABC Open
- an exhibition
- a publication;
- a play, a performance or a presentation.

The pilot is built around the following principles:

- valuing individuals and respecting difference
- encouraging common purpose and identity through creative activities.

What?

Absolutely Everybody Choir of the School of Hard Knocks

Why?

The Absolutely Everybody Choir of the School of Hard Knocks is a creative arts recovery program for people who have experienced homelessness, disadvantage or have been marginalised or socially isolated. The Choir provides an opportunity to engage in the creative arts and for participants to build life skills and confidence.

The local program is run by SkillsLink and is associated with Dr Jonathon Welch's National School of Hard Knocks Network. The program aims to build self-esteem and trust. It reconnects socially isolated individuals and supports them towards better health.

The program includes weekly rehearsals in the company of volunteer choir buddies and aspires to professional concert standards. Participants also share meals and participate in associated activities such as creative writing, presentations and performance.

The Absolutely Everybody Choir of the School of Hard Knocks includes formative programs that help to build life skills and offer pathways to further education and employment opportunities.

Joe's story

Joe is in his 60s. After losing his farm, he became severely depressed. He had isolated himself from everyone and was not coping well. Joe had contemplated suicide. He felt worthless and more of a nuisance to everyone.

It was his wife who persuaded him to come to the choir. She had joined the choir as a volunteer, and convinced him that she needed help picking up choir members.

Joe came along the first day but stayed in the car. The second week he stepped in the building and sat silently with tears streaming down his face. On the third week, a wonderful male member of the choir invited him to join in.

Since then he hasn't looked back.

Joe comes every week, happy, smiling and participating. Even when he comes in looking sad, by the time he leaves his mood has improved. Recently, he drove two hours to pick up his daughter. She was so surprised at how he was. She had never seen him so happy! She called her mother to ask what was up with him!

He has grown in confidence. He has found somewhere where he is accepted and needed. The choir has helped to ease the impact of his depression.

ACE sector snapshots

Here is a selection of other programs that are inclusive of and designed to support people with mental health issues.

Who?

Kew Neighbourhood Learning Centre

What?

Learn to work

Why?

In 2016, Kew Neighbourhood Learning Centre (KNLC) conducted a pilot program 'Learn to work'. This pilot was designed to support people with mental illness to seek opportunities for employment through learning and training. The pilot was funded by the Department of Education and Training in Victoria, and was a partnership between Kew Neighbourhood Learning Centre and Swinburne University of Technology.

Eight people participated in the pilot and by the end they identified a better understanding of workplaces and the oppportunities available to them. They also understood the process of transitioning into vocational education. Another key outcome for this pilot related to increased interpersonal communication including better teamwork and group work. Teamwork is a key workplace skill and participants engaged in many practical exercises and classes that involved working together. KNLC discovered that participants had limited knowledge of what work opportunities were available to them. Throughout the pilot, participants visited a wide variety of workplaces. KNLC drew on existing community networks including local government, local business and Swinburne to assist with identifying appropriate work sites. Participants also visited horticultural, hospitality and retail training venues and explored work opportunities through the social enterprise Second Bites. The aim was for participants to experience different workplaces and to interact and ask questions. Each week, they would conduct research for their next visit and develop appropriate questions. After visiting a workplace and meeting staff, participants wrote a report. By the end of the program, each report was collated into a single resource that detailed personalised work options and pathways. Participants effectively gained the skills and knowledge they needed to independently identify and assess appropriate work and learning options.

As a result of the pilot, Kew Neighbourhood Learning Centre is running a Learn to Work program in 2017, which consists of three units: learning and study skills; work placements and communication. They have also identified a future strategy to destigmatise and support the employment of people with mental illness by offering training to businesses. They are also looking at ways to incorporate work experience into the training as part of this program.

Who?

Community Centres South Australia (CCSA)

What?

Wellbeing and resilience training

Why?

CCSA is the SA peak body for ACE. CCSA offers three pillars of wellbeing and resilience training. The first pillar is pitched at the sector including staff, volunteers and tutors. It gives participants the skills and knowledge required to apply the tools of wellbeing and resilience in a range of different contexts. The second pillar is pitched at personal support participants. People who are just starting their pathway journey and who may have significant learning

barriers. CCSA work with other support agencies such as Job Active to give the participant the tools they need to pathway into volunteering, an ACE or TAFE. The first and second pillar have enabled the third pillar, which is essentially developing a wellbeing and resilience curriculum for the sector to deliver.

Who?

Keysborough Learning Centre

What?

Keysborough Learning Centre (KLC) offers programs that are designed to ensure that people with mental health issues, either stated or not stated, are able to participate and learn at a pace that suits them.

Why?

KLC found that many people who attend the Centre have stated they have a mental health issue; most often identified as depression. To ensure the Centre is equipped with the requisite skills and knowledge to effectively support these people, key staff and teachers have completed the mental health first aid course and other professional development workshops and activities around working with people with mental health issues. Participants say that attending the Centre's classes and activities has been 'a life saver' and a 'very important part of their week'. KLC has now created a mental health and wellbeing policy.

Who?

City East Community College / St George and Sutherland Community College

What?

South Eastern Sydney Recovery College

Why?

South Eastern Sydney Recovery College offers learning for better mental health. The College provides education programs that are designed, developed and delivered by peer educators (people with mental health issues), adult educators and health care professionals. The College embraces a recovery-based approach to help people identify and build the resources they need to become experts in their own care and make informed choices.

The Recovery College model requires strong partnerships with adult education providers such as City East and St George and Sutherland Community Colleges to provide expert advice and locations/campuses for course delivery. Both community colleges are members of the College's Expert Advisory Committee, and offer pathways to accredited training. Accredited courses delivered include Foundation Skills and Business. There are also courses for culturally and linguistically diverse communities on mindfulness and navigating the mental health system. The College is open to people who have mental health conditions, carers, families, friends, mental health staff, volunteers, etc. The goal is to help people to fulfil their ambitions through education.

Focus groups have identified that the Recovery College model has been successful in terms of breaking down barriers; empowering and connecting people and helping participants move beyond mental illness. The College promotes lifelong and life-wide learning as an integral part of recovery from mental distress.

Who?

Pines Learning

What?

English as an Additional Language

Why?

Pines Learning has identified people with mental health issues as part of their English as an Additional Language (EAL) cohort, who are absorbed into their regular classes. Many people attending the Centre from refugee backgrounds and/or long-term unemployed have undiagnosed mental health issues. Some students declare mental issues at enrolment interviews including schizophrenia but most commonly depression. At interview, staff at Pines talk about ways to manage the person's illness and what support, if any, is required.

Pines has formed relationships with local organisations who support people with mental health concerns such as MIND Australia and Doncare. They provide mental health information as part of their EAL classes. This year during Mental Health Week, speakers from Access Health talked to EAL classes about their mental health services. One trainer at Pines uses Harvie Krumpet (a short Claymation film) to highlight mental health issues in a fun and creative way.

Findings and recommendations

This research project explored the role of adult and community education (ACE) providers in supporting equitable and effective mental health reform through their non-formal and formal learning programs.

Context findings

The community impact of ACE in Australia is not well known or understood and, as a consequence, is often overlooked and undervalued as an important social resource.

Adult and community education offers a pathway to social inclusion for people with mild to moderate mental health issues.

Adult and community education is an affordable option for people with mental health issues. There are strong linkages and pathways in the sector that can support with transitioning people to mainstream learning environments when and if appropriate – bearing in mind that many adult and community education providers also offer accredited programs in an environment that may better suit someone with a mental health disorder than more traditional education institutions.

Social prescription, where primary care services refer people with social or emotional needs to a range of local, non-clinical services provided by the community sector including adult and community education providers, is a valuable concept that could be implemented as an adjunct to medical interventions.

Adult and community education should be viewed through a prism of community health and wellbeing. There is already sufficient evidence to demonstrate strong relationships and project-based partnerships between ACE providers and community health service providers. This means that ACE providers can offer adult learning programs while ensuring that participants have access to any necessary wrap around services for participants with identified support needs.

Findings

The key themes that have emerged from this research, including the twelve case studies, indicate that:

- ACE organisations have the skills and expertise to provide low cost programs that support adults with mental health issues to participate in community life and minimise social isolation.
- ACE programs can help to reduce the symptoms of some mental health disorders.
- ACE programs can provide pathways to skill development, employment and to mainstream education options for some people with mental health issues.
- Strategic partnerships between ACE organisations and community mental health care providers can help to ensure adults with mental health issues are engaged in socially meaningful activities.
- Allocating sufficient and appropriate resources and support to adults with mental health issues through ACE is potentially an effective preventative measure.
- Community learning partnerships of various kinds are necessary to support people with mental health issues.
- Developing ongoing and enduring rather than one-off project-based community learning partnerships is an important sustainability factor.

Recommendations

This research project highlights the need for cross-government departmental collaboration in support of mental health and wellbeing in Australia; particularly in the areas of health and education.

1. Mental health needs to be included in education policies, and governments should embrace the World Health Organization's definition of mental health as the starting point for the development of such policies.

2. Community learning partnerships must be a key strategy for Australia to become an 'inclusive learning society'. Building strong and effective partnerships between community education and community health networks will enable the full benefits of learning to be achieved across a wide range of areas including education and training, health, social services and will support workforce development.

3. Preventive measures outlined by policymakers for mental ill health must neatly align with principles of social equity and support for vulnerable groups in our society – principles that are already fully incorporated into ACE practice.

4. Further research is required to explore the role of referral agencies and social prescription in maximising the potential of ACE programs in supporting people with mental health issues.

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Adult
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