Quest

→ Balancing life, work and wellbeing

Inspirational Stories
Donna and Dion

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Adult Learning
Australia Inc.

Contents

Editorial

Throughout 2005 I have received many enquiries about the positive impact of learning on an individual's physical and mental wellbeing. This Summer Edition's theme will focus on learning and mental health. The stories from Adult Learners' Week 2005 and the 45th Annual Conference (which were to run in this Edition), will now be placed in the Autumn Edition of QUEST, 2006).

Readers will recall we invited John Cross our former Research Manager to contribute an article on *Learning for Wellness* in the winter edition of QUEST. John's article drew attention to the positive association between learning and wellness. His article generated interest from many readers including those who were not ALA members, but readers of QUEST in libraries and elsewhere, and also from several of the overseas visitors ALA received this year, particularly Dr Peter Lavender from NIACE. Peter featured in our last edition of QUEST and has kindly written an article for this edition on mental health.

Why focus on learning and mental health? There are two primary reasons for ALA focusing on this important issue, at this time. Firstly, mental illness is a growing phenomenon in our society, reportedly moving towards 20% of the population being affected. We believe that learning can be an effective *circuit breaker* to the onset of mental illness, but that it can only do this if practitioners see the evidence and start implementing learning opportunities in their communities. Adult and Community learning providers are amongst the best placed to do this.

Secondly, experts advise us that Christmas can be one of the most stressful times for many of us, because it is full of high expectations. Most age cohorts can experience anxiety triggers ranging from financial concerns and family relationship difficulties through to social isolation. A lack of social networks in this context can lead to increased depression and thoughts of suicide. Adequate professional support is usually not available over this period with hospitals usually running with only a skeleton staff.

We are fortunate to have Senator Dr Ursula Stephens, Convenor of the Australian Parliamentary Friends of Schizophrenia, contributing an introduction to the issue of mental health. Senator Stephen's article paves the way for a series of what I believe to be optimistic stories from a range of experts in this field.

I say optimistic, because in this issue there are a number of DIY web applications developed by the Centre for Mental Health Research at the Australian National University, that have been thoroughly researched which can be of benefit to sufferers of all ages.

We know the biggest determinant of health and mortality is social class* but it is clear from this series of articles that mental health may transcend, to some extent, the class factor. As always there is much more research and lobbying to be done in this field but hopefully with this edition we are contributing our small but positive steps to the long march forward.

Our *In Quest of Learning* contributor is the energised Donna Bridge, Churchill Fellowship Winner and Principal of the East Kalgoorlie Primary School. Donna's story is inspirational and reflects not only her own success, but also the learning journey her Aboriginal brothers and sisters have made in Western Australia. Those of you who have seen the video produced by Steve Kinnane and Lauren Marsh, called the *Coolabroo Club*, established in the early days in East Perth, which created a core of strong indigenous mentors, will understand how long and difficult the journey has been.

Many, I think, will agree with me about the importance of the ABC as a source of informal learning in their daily lives. In this edition we have a short article about how ABC Asia Pacific is providing formal learning opportunities for those wishing to learn English throughout the Asia Pacific region.

Online Study Circles in Tasmania is an interesting story about the application of a highly successful, but underutilised adult learning methodology. So it is encouraging to see the methodology being trialled by Tasmanian Communities Online.

On the theme of Learning Circles, ALA has just released its own accredited Learning Circles Facilitator Kit through Australian Training Products (ATP). This training program maps to competencies in four units in TAA04 Training and Assessment Package and two units from TAA50104 the Diploma of Training and Assessment Package. Further information is available from Mary Anastassiou, Public Affairs Manager at ATP on 03 9655 0631 email: mary.anastassiou@atpl.net.au or visit www.atpl.net.au.

Read, learn and enjoy. Have a safe and happy holiday season.

* James, Kathryn (2001) Prescribing Learning. NIACE, Leicester

Briefs

Wolfgang Amadeus Mozart, 250th birthday

Wolfgang Amadeus Mozart, (January 27 1756 – December 5 1791) is among the most popular, significant and influential composers of European classical music. His music includes some of the acknowledged pinnacles of piano, chamber, symphonic, religious and operatic music. Although his music's character was unappreciated by some during his lifetime, he has been admired by later composers and many of his works have become part of the standard concert repertoire. For further information visit http://en.wikipedia.org/wiki/Mozart.

Australian Technical College for the Pacific

Australia proposes to establish an Australian Technical, Vocational and Trades College for the Pacific, with a network of campuses. The new college will deliver Australian-standard qualifications. This will upgrade the supply of trade skills in the Pacific. It will also enable much greater labour mobility of skilled and semi-skilled workers between the Pacific and Australia (and other developed economies). A major study will be conducted to take forward the proposal and guide its establishment.

Australian Flexible Learning Framework

The launch of Edition 7 of The Knowledge Tree, the journal of the 2005 Australian Flexible Learning Framework, by the Vocational Education and Training (VET) E-learning International project, positions this e-journal of learning innovation in the international arena.

Edition 7 contains contributions, from schools, higher education and vocational education and training practitioners. Writers discuss building connections with online communities, understanding connections between organisational cultures and e-learning design. They share a focus on the concepts of connection and disconnection: between people inside and outside of the Web, between teachers and learners, and between international and local learners across cultural differences to name a few. For further information visit http://flexiblelearning.net.au/knowledgetree.

ACMA proposes safety measures for mobile chat rooms

The Australian Communications and Media Authority has released a draft guide that may be used by providers of chat rooms to enhance the safety of children in chat rooms accessed via mobile phones. The guide is known as the safety measures notice.

Mobile chat rooms are accessed via premium SMS services or via a mobile operator portal. The chat rooms are very popular among young people, including teenagers. Occasionally the chat rooms can be places where users are bullied or abused and exposed to material which is inappropriate or illegal. Young people tend to be more vulnerable to these risks. The draft safety measures notice is available at www.acma.gov.au.

Australian Computer Society (ACS) calls for urgent upgrade to computer literacy standards in schools

The ACS has called for the creation of a national computer literacy standard in Australia's primary and secondary schools in the next two years to ensure young people are equipped with a sufficient level of ICT skills when they leave high school.

ACS President, Edward Mandla said, "The aim should be for all students to be not only fluent in the use of ICT but they should also be able to use it to their advantage in learning." He went on to say, "It is a skill they will need regardless of their career paths, whether it is University, TAFE, or a trade. For further information on the ACS visit www.acs.org.au.

Deakin University helps bring the Dreamtime to life

A series of Indigenous Dreamtime stories which date back to the *time of dust* have been brought to life through an innovative new website.

In a unique partnership, Deakin University, ABC New Media and Digital Services, the Djilpin Art Aboriginal Corporation and the Beswick and Warmun communities have brought new voices to five ancient Indigenous Dreamtime stories through *Dust Echoes* – a series of animations underscored with original music designed to encourage children to experience the richness of Indigenous Australian culture.

Dust echoes also features a range of comprehensive primary and secondary educational materials for teachers and students including safety and survival in the bush, Indigenous ceremonies and traditional art and craft technicques. For further information visit dustechoes.com.au.

Mental Illness will Affect About One in 5, or 20% of Australians at Some Stage in their Lives

Senator Ursula Stephens, Senator for NSW, Shadow Parliamentary Secretary for Water and Science

Mental illness in all its forms, places enormous and growing burdens on Australia. There are social and family burdens for communities, carers, families and sufferers of mental illness. There are economic burdens – in the costs of care and treating those in our society suffering from mental illness, and very importantly the lost opportunity costs for those, who through their mental illness, withdraw, or are withdrawn from an active working life.

And there are costs to civil society of mental illness – the fact that by not giving priority to supporting those with mental illness in practical ways – we confine them to a life of isolation and social exclusion, without the relationships that we all take for granted in our mentally well lives, without employment, independence, the dignity of safe accommodation or opportunities to learn.

So, where to begin? An excellent starting point is to focus on supporting social inclusion through adult learning. There are important lessons in the international literature that provide evidence of the links between learning and improved mental health.

For example:

☐ The *Mental Fight Club*, formed in 2005, encourages people who suffer from mental health problems to join groups that discuss and perform poetry, fiction and art. *Mental Fight Club* is about connecting the disconnected, supporting those suffering from depression to navigate their way to mental wellbeing.

☐ *Poems in the Waiting Room* charity supports English doctors who prescribe poetry in waiting rooms – encouraging their patients to read. Requests from patients include works of Spike Milligan, Dylan Thomas, WB Yeats,Wordsworth and Edward Lear.

☐ In Scotland, a new prescription service gives doctors and health professionals in Glasgow the opportunity to write *prescriptions* for self-help books under the *Healthy Reading* scheme.

☐ In Ireland, the National Adult Literay Agency launched a health and literacy project that aims to break down the barriers to health services that poor literacy skills can create. This project aims to raise awareness and knowledge among health practitioners to better equip them to deal with the issue of poor literacy.

Each of these initiatives emerged as local responses to the UK Government's 2004 report *Mental Health and Social Exclusion* which emphasised the connection between learning and mental health.

In Australia, much more could be done to strengthen that connection.

Senator Ursula Stephens, convenor of the Australian Parliamentary Friends of Schizophrenia, speaking in the Senate chamber recently.

The 1993 *Report of the National Inquiry into the Human Rights of People with Mental Illness* (Burdekin Report; Human Rights and Equal Opportunity Commission) brought to public attention the situation of people with mental illness particularly within boarding houses and other forms of community care.

In 2004, the Mental Health Council of Australia (MHCA) and the Brain and Mind Research Institute (BMRI, University of Sydney), in association with HREOC initiated a new national review to capture current critical themes in mental health care from the perspective of those who use and deliver its services.

The report of that review, *Not for Service* is based on national data collected from 2003 to 2005. The findings are disturbing. "After 12 years of mental health reform in Australia… the adverse health, social and economic effects of Australia's mental health care system falls largely on those with recurrent or chronic disorders and their families and carers. These are some of the most vulnerable people in our community." (Mental Health Council of Australia 2005)

Youth are particularly vulnerable to mental illnesses, and other Australian research demonstrates the importance of early diagnosis and treatment of young people who are experiencing a first episode of psychosis. This treatment does not happen in isolation. Specialist youth services provide for earlier and more intensive treatment as well as minimising disability associated with psychosis, including the impact of distress and trauma on both the young person and their family. Their care and recovery also necessarily involves teachers and support staff.

This highlights the importance of adult learning strategies to deal with mental health at a range of levels:

☐ for those suffering from mental illness, learning to manage their illness, and its symptoms, to assist in maintaining a quality of life while retaining their independence;

☐ for families and carers, to understand the symptoms and stresses of the illness and how to manage their own lives;

☐ for organisations and services who attempt to meet the needs of those with mental illness;

☐ for community and advocacy services seeking to promote policy options;

☐ for professionals and health practitioners who take clinical responsibility for the care of those with mental illness;

☐ for employment services, and rehabilitation services assisting those with mental illness to manage their illness and remain in the workforce;

☐ for researchers seeking to understand the complex nature of mental illness – including triggers and contributing factors, treatment options, alternative therapies and medications for those with mental illness.

Recently I visited Ireland and met with representatives of the Irish Parliament, Irish Mental Health services and advocates to discuss how the Australian Parliamentary Friends of Schizophrenia, of which I am a convenor, continues to educate politicians and policy makers on critical issues around mental health in Australia.

Adult Learning Australia has an important role to play in facilitating some of this important learning.

The theme of the 2005 winter edition of QUEST "*Learning for Wellness*" signals the importance that ALA places on the connection to lifelong learning and health. This commitment is continued in the Summer edition, with its focus on Adult Learning and Mental Health.

Mental Health in Australia in 2005 (a Snapshot)

The Mental Health Council of Australia's (MHCA's) recently released report *Not for Service: Experiences of Injustice and Despair in Mental Health Care in Australia* is the most detailed and key documents to be released into mental health in over ten years.

The MHCA is the national, peak non-government organisation representing Australians and the mental health sector. The Council's aims are to promote the interests of those involved in mental health care while being committed to achieving better mental health for all Australians.

Mr Keith Wilson, Chair of the MHCA said, "The Report is based on research involving thousands of Australians sharing their stories. We found that Australians with a mental illness and their carers are suffering every day because they cannot get the help they need. This is intolerable and an appalling indictment of all Australian Governments given that in 1992 they agreed to tackle years of neglect."

The Burdekin Report, released in 1993 by the Human Rights and Equal Opportunity Commission revealed the inadequate services for people seeking mental health and welfare services in Australia and the "devastating personal consequences" for people suffering from mental illness.

In 1992, a National Mental Health Strategy was agreed to by Commonwealth, State and Territory governments to improve the lives of people with a mental illness. The strategy was to be used as a framework to guide governments in the way the system handled mental health issues in Australia. One of the key elements of the Strategy was to move away from institutionalised health care to a more community focused approach for people living with mental illness.

Unfortunately the policy laid down in the Strategy has not been implemented over the years due to a number of reasons such as a loss of direction, lack of funding and leadership.

With statistics estimating 20% of the adult population will be affected by mental health problems and mental illness in their lifetime and 10–15% of young people in any given year it would appear the economic, social and emotional burden the illness has on families and the greater communities, would make the issue a pressing agenda for governments throughout the country.

The report has revealed, however, that while the National Mental Health Plans, under the National Mental Health Strategy are full of innovative programs (and have been given additional funding by states and territories), these have not been fully implemented.

Currently only 38% of people with a mental illness are being given suitable treatment in any 12 month period. The report recommends as a target, 60% of people be provided with appropriate care and treatment.

The report also recommends an increase in research funding on mental illness from 3% to 10%.

As well as, the *Not For Service* report recommends governments invest in early intervention programs to reduce the risk of relapse, help in recovery and allow people to lead normal lives. The report notes this is particularly relevant in children and young people in preventing the disease from taking hold.

The report also recommends a change in community attitudes. It reveals people are not accessing services due to their fear of being labelled or the stigma associated with having a mental illness and recommends reducing stigma through "sustained social marketing, community education programs and health workforce training in mental health."

The report also exposes the failure of the National Mental Health Strategy to provide adequate community services and networks for people. Such support includes "clinical services, housing and home care services, community support, employment support services and access to justice support systems."

Professor Ian Hickie coauthor of the report, says, "It is time to rethink our national approach and focus immediate attention on new services and new approaches. It's just not that hard to provide reasonable services. We have the clinicians, the non-government partners and the community on our side."

The report also includes the voices of people with complex and special needs who are also dealing with mental health issues. These include people living in rural and remote areas, Indigenous communities, the elderly, people in prison, and those from culturally and linguistically diverse backgrounds. The National Mental Health Strategy (which has been reviewed six times since its inception in 1992) established a framework of policy for governments to work within to meet the needs of people in these groups. The report however exposes the failure of governments to implement these policies, or to bring about change and improve people's lives who are dealing with "complex and co-morbid conditions as well as drug and alcohol dependence."

Dr Sev Ozdowski, Human Rights Commissioner, addressing an audience at the National Press Club in 2004 gave some clarity to the situation. He said, "The statistics on sanity are that one out of every five Australians this year will experience some form of mental illness. Think of your four best friends. If they're okay, then it's you."

The MHCA acknowledges Australia has a "world-leading mental health policy" but stresses more needs to be done "to ensure that the provision of mental health care matches the vision and the philosophy of the policy."

Copies of *Not For Service* can be downloaded at www.mhca.org.au. Also see the MHCA's submission to the Senate Inquiry on Mental Health, which is due to report in March 2006.

Jointly prepared by Deborah Nesbitt, Communications Manager (MHCA) and Diana Coxhead, Adult Learning Australia.

Joined up support and joined up development – the way forward for adult education and mental health in England

Over the past ten years developments in England to support people experiencing mental health difficulties and developments in adult learning (to help in their recovery) have existed largely in isolation from each other.

Practitioners new to this area of work often have had to start from scratch to reinvent the wheels of appropriate provision. As a consequence any innovation and creative developments have gone unsung and practitioners have not learnt anything new.

With some major partnerships working at a national and regional level, this is all about to change.

In 2003 NIACE (National Institute of Adult Continuing Education) and NIMHE (National Institute of Mental Health in England) formed a Partnership Project that has broad aims. These are to:

- [ ] Boost demand for learning among adults with mental health difficulties;

- [ ] Build capacity of the adult education sector and the mental health sector to meet this demand;

- [ ] Ensure quality of the learning experience; and

- [ ] Raise achievement levels of learners with mental health difficulties.

The Partnership Project has been successful in ensuring that the needs of adult learners with mental health difficulties have been written into national policy directives, but this would not have happened without the force and the sign up of the Regional Networks. Equally the governmental recommendations and policy commitments will be more easily met with the combined expertise of the Networks. The Regional Networks is where the enthusiasm, commitment and energy of practitioners and learners sit.

A Regional Network has been established in each of the nine government regions. Membership of each Regional Network consists of practitioners from adult education and mental health services, learners, voluntary organisations and from Learning and Skills Councils (the funders of adult education).

Each Regional Network meets four times per year for a *learning event*. This is our opportunity to meet and share achievements and concerns. Often a theme is taken from the meeting such as *involving and consulting learners with mental health needs, supporting the transition to employment* or *working with Early Intervention in Psychosis Services*. These themes are decided by Network members and are an opportunity to invite external speakers, or to showcase best practice or innovative approaches used by network members. The cross sector nature of the meetings make these an ideal opportunity to share learning on what works in supporting adults with mental health needs to access learning. Overall the value of each Network is greatest where it reduces the sense of isolation that individual practitioners can experience and validates the work that they are doing. Members have a chance to talk and importantly to feel listened to.

One of the most rewarding outcomes from the Networks has been the unanticipated but totally serendipitous connections and contacts that have been made during Network meetings. For example, a plea for

help at one meeting by a Network member working on a local patient involvement initiative has resulted in the elements of the training package now being accredited and produced for wider use in the North East Region. The Networks are centrally coordinated so what is developed in one region is disseminated in all the other regions, which means that this development, originally a local project, is likely to be used by another region, if not nationally. Another example, is when one provider sought advice on developing procedures for supporting people with mentally disordered offenders in learning. A quick email around all the Networks provided many ideas and suggestions and resulted in an informal *development* group.

Regional Networks have also used these learning events to bid for additional monies to develop specific pieces of work. The London Regional Network is currently working on a project to support black and minority ethnic service users to access learning opportunities. This is leading to some interesting project work with black African-Caribbean men, with Turkish and Kurdish groups and refugees seeking asylum. Another region is waiting to hear whether we have won funding to pilot a *Healthy College* project for 16–18 year olds in an area with a high percentage of black and minority ethnic school leavers.

Other Networks have supported the publication of briefing sheets including, *A guide to understanding adult education and mental health and how they relate* which we hope will support cross sector working, a good practice guide aimed at the funders of adult learning and a resources list. The production of further resources will support this learning and the sharing of knowledge.

Although these Networks have a strong regional and operational focus, there is a means to tie it all together nationally and strategically. Since 2005 funding to support the Regional Networks has been secured from the national Learning and Skills Council. A national Task Group has been established which will oversee the work of the Networks and ensure that it meets the aims set by the Partnership project. In order to do this we need to understand the base from which we are working so that we can judge the measure of our success. In 2003 NIACE and NIMHE undertook a postal survey of provision available for learners with mental health needs. There is a national report of the findings and results were distilled into regional reports. These give us a bench line of provision available, but further ongoing research is helping us to understand more fully the skill levels of adults with mental health difficulties. This research is important because it tells us where the gaps in provision are and gives us the evidence base on which to make our case for more development work.

For me the momentum and enthusiasm generated by the Partnership Project continually reinforces the importance of working together. Sharing ideas and knowledge and listening to each other has led us to what feels like, as one practitioner said

"On the brink of a huge opportunity that could really make a difference".

Kathryn James, Development Officer – Learning and Health. NIACE

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Log on for depression and anxiety help

Australia is leading the world in the development of web based systems to assist the community with mental health problems. Australians are also at the forefront in the evaluation of online educational and therapy programs. This article briefly describes two of these Australian websites.

In Australia, as well as other countries, depression has been identified as the leading cause of disability burden. Approximately 1.3 million Australian women and 750,000 Australian men each year will experience depression. Recent studies estimate that as many as 60% of individuals with depression symptoms do not get access to high quality help. Similar estimates have been made with respect to anxiety disorders. Even with the low rate of help seeking, services are swamped. It is becoming very clear that new methods to deliver effective treatment and information are required if a reasonable response to depression and anxiety is to be achieved.

Web applications[1] are becoming a new form of delivery of information and treatment for anxiety and depression. In principle, automated web applications are capable of delivering information and training on demand through virtual clinics, 24 hours a day, across distances, and to areas without access to training or health care. These systems involve *self care* – individuals help themselves using information and webtools provided on websites. Experts predict that health systems in developed countries will change radically over the next ten years, with self help and self responsibility for health forming a new tier of the health system[2]. The internet is predicted to bring about radical change in medicine and health care, with experts rating the internet 7.8 on a scale of 0 (no change in healthcare) to 10 (radical change). Particularly in the area of mental health, it is readily apparent that *medicine on the internet* – eHealth – is already a significant factor in the lives of many consumers.

The Centre for Mental Health Research at the Australian National University has developed two websites. The first, BluePages (http://bluepages.anu.edu.au), an evidence-based information site about depression, was launched in 2002. A moderated bulletin board was added to the BluePages site in

1 Web applications are automated e learning software designed to provide health or education information which are accessed via the Internet. These applications can be used in a variety of ways. They may be directly accessed by the public, or used with human support and monitoring in 'learning environments' or 'virtual classrooms'.

2 Coiera E. Four rules for the reinvention of health care. BMJ 2004; 328: 1197-1199.

2004 and now has over 500 members. The second, MoodGYM (http://moodGYM.anu.edu.au), an online cognitive behaviour therapy program for young people was launched by the Health Minister of the ACT, Michael Moore, in 2001. A new version with improved functionality came online in 2003. Over 90,000 individuals from Australia, the USA, the UK, India, New Zealand and many other countries have logged on in the last few years. Monthly hits to the site are over 1.5 million.

BluePages is more than an information site, although quality information is its great strength. BluePages provides information on the usefulness of approximately 40 medical, psychological and alternative treatments for depression, as well as information about the symptoms of depression, information about high achieving individuals who have experienced and overcome depression, a specialised search function, a self-report quiz for depression symptoms, downloadable relaxation tapes, and information about where to get help for depression on a state by state basis. It took over a year for five researchers from the Centre to review all the available scientific literature on the 40 possible treatments for depression, and information on the major interventions. Visitors to BluePages can also check out the rating awarded to each treatment: three smiley faces indicates strong evidence for the treatment's effectiveness, two smiley faces indicates some support, but not as strong as the first category. One smiley face indicates

and anxiety relative to their peers. They are introduced to six virtual characters: Elle, Jane, Cyberman, Moody, Creepy and Noproblemos. These characters illustrate cognitive therapy principles with their distinct (albeit, two-dimensional) personalities. Module one aims to teach basic concepts, and is beautifully illustrated using flash graphics designed by Ming Dang. A workbook records test results, exercises and progress. Module two illustrates common *warpy* thoughts. The visitor is taught how to recognise and identify warpy thoughts, and later in the module, how to change them. An individualised profile of vulnerabilities for the warpy thoughts questionnaire is provided to all users, and saved in the workbook. Module three deals with behavioural strategies to turn around anxiety and depression, with Module four providing stress management, and Module five problem solving techniques. The program in total takes between one and three hours to complete.

A major research project in the last five years at the Centre has been to evaluate the quality of these web applications in treating depression. We believed that we had high quality sites that could do good, but our major research mission was to check their effectiveness before we promoted them. A large randomised controlled trial comparing the effectiveness of the two websites and a control condition was completed in 2004. In these trials the two websites were compared to a condition which did not

a promising treatment that needs further scientific evaluation. Some treatments have a negative smiley face, which indicates that the treatment has been evaluated, but is not supported by the evidence. Finally, a question mark indicates the proposed treatment has yet to be evaluated.

The bulletin board (BlueBoard) provides a forum for mutual support. The (anonymous) posts on the bulletin board also provide valuable research data (with the permission of the participants). Dr Kathy Griffiths, Director of the Depression and Anxiety Consumer Research Unit, uses the information posted on the board to help determine priorities for research. According to Griffiths, too often research is conducted on topics of interest to clinicians' researchers. The voices of consumers are rarely heard. Analysis of the posts on BlueBoard provides direct information about the research needs of consumers.

MoodGYM is a more *out there* type of site, partly because it was originally developed for use by young adults aged 18 to 30 years. The site consists of five modules accessed sequentially in a *training program format*. The visitor undertakes screening questions to provide feedback about their level of depression

involve access to a website, but which involved talking to a lay interviewer weekly over the phone. Our findings indicated that BOTH websites were more effective than the control condition, immediately after the intervention and at six and twelve months for those who remained in the trial. The original research was published in the BMJ. We concluded that websites are feasible methods to decrease anxiety and depression in the community, and for relatively little cost. We also found that Bluepages reduced stigma , and that MoodGYM increased help seeking compared to the control condition.

Our latest website is produced in conjunction with beyondblue. Due for release in 2006, e-couch has built on the strengths of MoodGYM. It aims to examine whether mental health websites are better and more engaging if they provide targeted and individualised help. E-couch is a massive site in development. We hope it will meet consumer's needs for relevant and accessible mental health information and online therapy.

Helen Christensen, Director, Centre for Mental Health Research, The Australian National University.

3 *Christensen H, Griffiths KM, Jorm AF. Delivering intervention for depression by using the Internet: positive results from a large randomised controlled trial. *British Medical Journal* 2004, 328:265. Online 23-01-04.

4 *Griffiths KM, Christensen, H, Jorm AF, Evans, K & Groves, C (2004). Effect of web-based depression literacy and cognitive-behavioural therapy interventions on stigmatising attitudes to depression: a randomised controlled trial. *British Journal of Psychiatry* 2004;185(4):342-349..

Practical ways for older people to prevent depression: The Beyond Ageing Project

Dr Janine Walker, Post-doctoral research fellow, Centre for Mental Health Research, the Australian National University, Canberra.

One in seven older Australians suffer symptoms of depression, and so effective prevention and treatment of depression in the late stages of life is urgently needed. Certain factors such as heart disease, or having some mild depressive symptoms such as already feeling low, may put some older people at risk of developing serious depression in the future[1]. These same factors might also predispose people to memory and thinking difficulties. Given these concerns, a good case can be made to target and prevent depression and memory problems in older Australians.

The Beyond Ageing Project is a study being conducted at the Centre for Mental Health Research at the Australian National University that hopes to gain a better understanding of treatments that may prevent older Australians suffering from depression.

This study is in partnership with the Brain and Mind Research Institute at the University of Sydney, *beyondblue: the national depression initiative* and the Commonwealth Department of Health and Ageing. Professors, Tony Jorm, Helen Christensen and Ian Hickie who are world-leading researchers in depression and ageing head the Beyond Ageing Project.

One of the challenges is to decide what treatments to include for study that are effective in managing depression. There are many treatments that have been shown to be effective in treating depression but the Beyond Ageing Project will focus on treatments that are cost effective, are easily accessible, and are appealing to older people in the community. This last point is an interesting one because what people think about certain treatments for depression will influence if they will actually take them up. The Australian public has shown that they view seeing a GP or counsellor, getting help from close friends, becoming physically more active, getting out and about more, and attending courses on relaxation and stress management as good ways to manage depression[2].

Taking this into consideration, the aim of the Beyond Ageing Project is to evaluate low cost and easily accessible treatments that are appealing to the community for preventing older people from developing serious problems with depression. The study will include treatments shown to be useful for depression, and some showing promise in delaying or preventing difficulties with memory and thinking. These include: folate and vitamin B12; physical activity; and information about depression.

Taking Folate and Vitamin B12 for Depression, Memory and Thinking

Folate, Vitamin B12 and Depression

There are several lines of evidence indicating that folate and vitamin B12 may be effective in preventing depression. People deficient in folate suffer from a number of mood and thinking problems, including depression[3]. On the other side of the coin, studies of patients with serious mood problems have found a high prevalence of folate deficiency. There are also treatment studies showing that folate enhances the effects of antidepressant medication or has an antidepressant effect in its own right. These therapeutic effects are not confined to patients with folate deficiency. It has been hypothesised that folate supplementation enhances the synthesis of monoamine neurotransmitters or that it furnishes additional SAMe which has itself been shown to have antidepressant effects.

Folate also plays an important role in the metabolism of homocysteine. Homocysteine is a protein that occurs in a number of forms in plasma, and at elevated levels may be a risk factor for cardiovascular disease[4]. Homocysteine is broken down by the body using folate and vitamin B12. Studies have found elevated homocysteine in depressed patients[5].

Folate, B12, Homocysteine and Dementia

Folate and B12 deficiency and elevated homocysteine have also been linked to dementia and cognitive impairment[6]. Low folate and B12 levels have been found to increase risk for Alzheimer's disease[7] and cognitive decline[8]. It is possible that folic acid and B12 supplementation may have a preventive effect on dementia and cognitive impairment as well as on depression.

It appears that a daily supplementation with 400 mg of folate is the minimum dose required for adequate homocysteine reduction for older adults[9]. In terms of depression, a wide range of folate doses from 200mg to 5,000 mg/per day appear to have had some beneficial effect on psychological function and possibly depression[10].

Encouraging Physical Activity

Physical Activity to Prevent Depression

Physical activity has been extensively evaluated as a treatment for depression and interventions reduce depression symptoms substantially. A recent meta-analysis of exercise trials, including trials of older participants[11], indicated that exercise when compared to no treatment reduced symptoms of depression. It compares favourably to the effects of anti-depressants, cognitive behaviour therapy and depression education.

A recent Australian study determined whether weight training was effective in reducing depression in older adults[12]. Specifically the study looked at whether older depressed people got more benefit from lifting weights close to their capacity compared to others who trained with much lighter weights or those who received usual treatment from their GP. After a couple of months attending supervised weight training sessions more than 60% of people in the high intensity weight training group had a lowering of their depression that was clinically meaningful. People in the low intensity weight training group and GP group had a change in their depression levels equivalent to those seen in studies of placebo tablets for depression. So, it appears that exercising at the recommended levels for health benefits of 30 minutes of moderate levels of physical activity for most days of the week, whether it be aerobic or weight training exercise, may be an effective way of maintaining good mental health.

Physical Activity to Prevent Dementia

It is possible that increasing physical activity may also prevent cognitive impairment and dementia. Several prospective studies have found that older people with higher levels of physical activity are less likely to develop problems with thinking and memory[13]. Research with rats has found that physical activity increases the expression of brain-derived neurotrophic factor (BDNF), which is involved in the development of the hippocampus – a part of the brain important for memory tasks[14]. BDNF is lower in both depression and Alzheimer's disease, and ways of increasing BDNF may be beneficial for both mood and thinking problems. Physical activity also lowers the risk of stroke[15] and may therefore also protect against dementia and depression due to cerebrovascular disease.

Improving Mental Health Literacy

A third approach to preventing depression involves improving mental health literacy. Mental health literacy involves "knowledge and beliefs about mental disorders which aid their recognition, management or prevention"[16]. These beliefs can make a difference to what people do if they become depressed. For example, people with depression who believe in the helpfulness of antidepressants are twice as likely to report using this treatment over the following six months[17]. Professor Tony Jorm and colleagues developed an evidence-based consumer guide to treatments for depression. To evaluate its usefulness,

they carried out a trial with over 1,000 people from the community who had some depressive symptoms[18]. Participants were mailed either the consumer guide or, as a control, a general brochure on depression. Participants rated the consumer guide as more useful than the control brochure and attitudes to some treatments changed; however, there were no differences in symptoms between the treatments.

More recently, Professor Helen Christensen and colleagues (2004) have evaluated the effects of the BluePages web site (http://bluepages.anu.edu.au/), which provides evidence-based information on depression and incorporates the information presented in the consumer guide of Professor Jorm. They carried out a trial in which people with depressive symptoms from the community were assigned to receive the BluePages site, a cognitive-behaviour therapy web site (MoodGYM; http://moodgym.anu.edu.au/) or a placebo treatment[19]. This study found that both web sites were effective in reducing depressive symptoms and that the BluePages site was effective in changing attitudes about treatment.

The Beyond Ageing Project

For the first time worldwide, an intervention study is being conducted that will determine what works for preventing depression in older individuals. In order to examine and tackle some of the risk factors for depression we will conduct a randomised control trial over a two-year period. The study is known as the Beyond Ageing Project, which is a large community-based prevention and intervention study including 2,000 older Australians who are at risk of developing major depression because they are currently suffering from some depressive symptoms.

People will be randomly selected from the electoral roll and will come from Canberra, Sydney, and Wagga Wagga. The Beyond Ageing Project will examine an extensive range of factors regularly over the two years, including: depression; actions taken to cope with depression; stigma regarding depression; physical activity; knowledge about depression; cardiovascular health; disability; problems with thinking and memory; health care use; brain scans; and, a range of blood tests that will measure homocysteine, cholesterol, and blood sugar levels, measures of overall health, and genotyping related to depression, dementia, and homocysteine.

Research of this kind is exciting because it is working towards improving the quality of life of older Australians in practical ways. If proven to be effective, engaging in more physical activity, taking folate and vitamin B12, or finding out more about depression can be done by most of us, and perhaps we also all may benefit.

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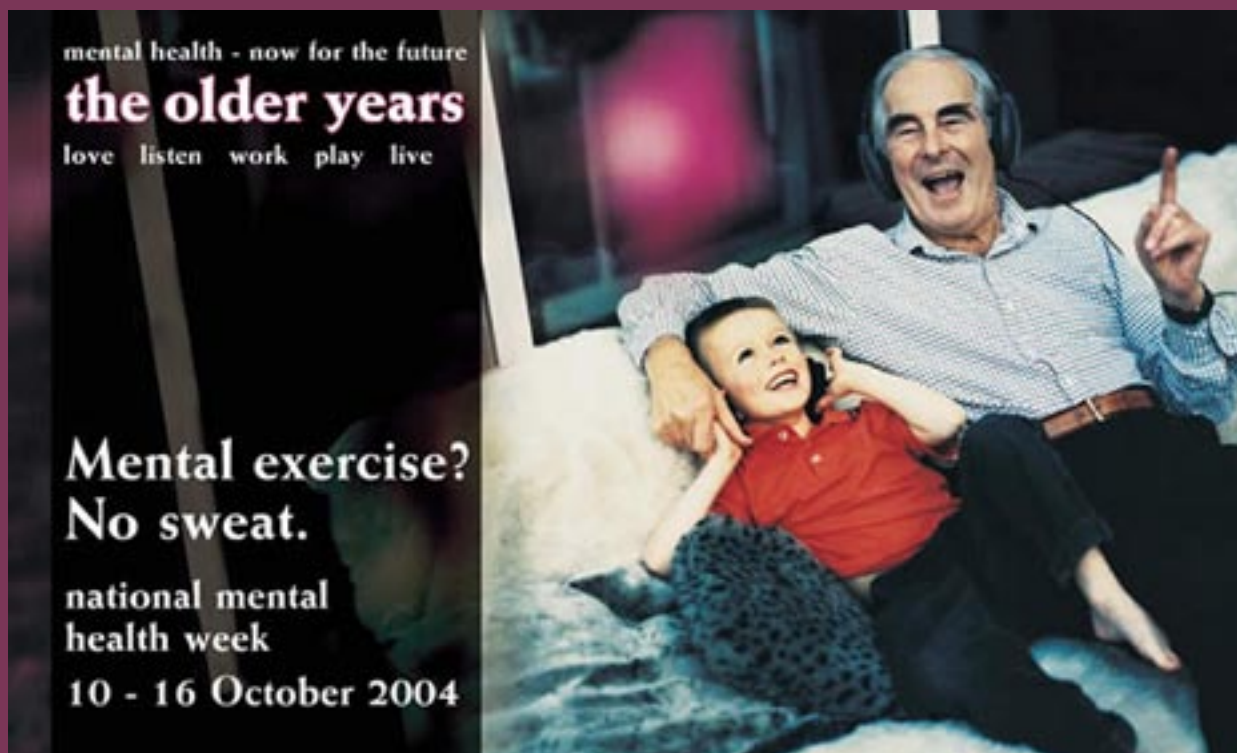
The theme for National Mental Health Week 10-16 October 2004/05 was: "Protecting and promoting good mental health in your older years is vital to your overall physical and emotional health and wellbeing." For further information visit www.mentalhealth.asn.au.

East Kalgoorlie Primary School's Donna Bridge used her prestigious Churchill Fellowship to visit the USA and Canada to research how education can empower Indigenous communities.

Donna is strengthening her school's relationships with the community. She's getting parents further involved in learning so they have the capacity to make informed choices about their child's education.

By using education to help break the cycle of disadvantage that exists in many Indigenous communities, Donna knows her students will achieve better educational outcomes and their dreams will be achievable.

Award-winning teacher helps dreams become reality.

Outstanding people at your local public school.

Adult Learning Australia
In Quest of Learning

Donna Bridge, Churchill Fellowship winner, (with 83 other Australians) spent eight weeks from May to June 2005 in Canada and USA studying literacy and capacity building programs in indigenous communities. Donna who has been a teacher in remote Kimberley communities for ten years, has embraced the opportunity to use her leadership skills and research information to advance Aboriginal educational outcomes in the role of Principal at East Kalgoorlie Primary School.

Donna believes educating indigenous parents on positive parenting practices is the key to success, and promoting literacy in the early years. She has "grand visions of turning East Kalgoorlie primary school into a one-stop shop." Donna would "like to see East Kalgoorlie become a whole school learning community that engages parents, children and early childhood in the one place."

She hopes to teach Aboriginal children to be proud of their heritage and says, "I guess that's what I try and promote to the kids – that being Aboriginal is special and we should feel proud of that."

① What is the single most important lesson your parents ever taught you?

To always treat people the way you want to be treated because what goes around comes around. People will always judge you and what you do, but if you are a good person and they stereotype you, that is a reflection on them, not you. The only real people's opinions who matter are those of your friends and family.

② What were your best and worst experiences from school? Were you a good student? – Why/why not?

Excelling at sport and loving art classes. Worst was trying to fit in and prove that you were just as good as everyone else. I was good in that I didn't get into trouble, but was I academic? – probably not, sport was more important to me than homework.

③ What did you always want to be? – Did you achieve this? Why/why not?

Most of my life, I have always wanted to be a teacher or a nurse who worked with children. In Year 12, I wanted to be a lawyer to fight all the injustices Aboriginal people face, but I didn't think I was good enough. Now I know I can achieve anything if I want it bad enough, I just don't want that anymore. I know that real injustice is beaten through education because education is power over your life. I became a teacher and now I am a Principal. I am still fighting battles to improve things for Aboriginal people, but victories are achieved one small step at a time, battles are won by building alliances, and I work to strengthen partnerships with the community.

④ What was your first job and what did you learn from it?

When I finished high school I worked as a clerk/typist on a traineeship. I learnt responsibility, time management and a strong work ethic as well as how to work with a number of people different to me and to respect those differences. I learnt I like to talk with different people and I looked for shared experiences and learnt from them how to do things in another way.

⑤ Complete this sentence: 'The most valuable thing I've learned this year is...'

Relationships are the key to helping others, if people trust you and respect what you say, they will value your advice or help because they believe it is genuine. Change is not achieved by preaching but by nurturing and supporting people.

⑥ What new skills do you hope to acquire and how? What unfulfilled ambition have you yet to conquer?

I am learning all the time, life is one long learning journey. At the moment, I am focusing on developing my leadership skills and learning how to present information so that others feel empowered to make a difference. I love making promotional materials on DVD or pamphlets to promote messages about education in the Aboriginal community and making a difference. One day, I would like to make educational software and games with Aboriginal perspectives for students and adults, or write a script or tell a story through film.

⑦ What is one talent people might be surprised to know you have?

Art – I love painting and being creative. It's what I do, when I have down time. Those closest to me, know I love to paint and draw, but I don't often advertise it, so when people find out they are often surprised.

⑧ What piece of information would you most like to pass on to the next generation?

Get a good education and make the most of the opportunities given to you, you can achieve anything if you work hard for it. Do not be afraid to make mistakes in your quest to learn more about yourself and the world, after all our greatest learning occurs when we make mistakes, it gives us the chance to reflect and think how can I do it better next time, and above all respect yourself, you deserve it.

Thank you for participating!

ABC Asia Pacific Opens *English Village* for *Korean Children*

Sydney, 1 November, 2005 – ABC Asia Pacific's objective to improve English language education opportunities for its audience has leapt beyond the confines of television and the internet with the opening of the English Village in Seoul, Korea.

Complementing ABC Asia Pacific's variety of English language programs, including a new series of *Study English* (developed in conjunction with Insearch UTS) launched on 5th September, The Seoul English village has opened to offer an "immersive environment" where children are encouraged to speak nothing but English from the moment they arrive.

Purpose built in the centre of Seoul, The Seoul English Village accommodates up to 300 children aged between 7 and 15 every week. Children stay in the village and learn English in unique situations like a bank, shop, movie theatre and an ABC Asia Pacific news studio where they can film their own news bulletins. Brian Min (Grade 5, Woo-Am Elementary School) who stayed at the Seoul English Village said: "We did a talk show on Australia. Our teacher was the host and we were the guests. Through the talk show, we learned about Australia! In fact, I would really like to visit Australia, sometime. Believe it or not, I have made a lot of improvement in my conversation skills, and now I'm a lot more confident than I was at day one".

ABC Asia Pacific's influence is apparent in the feedback from the region's audience and emphasises the channel's significant contribution to education, especially in remote areas. According to their teacher, who emailed ABC Asia Pacific, English lessons are certainly more enjoyable for pupils of Chiang Saen Withayakom School in Northern Thailand since having access to the ABC Asia Pacific range of English language programs. By following the *Study English* program, designed to test English reading, writing, listening and speaking skills for students at an intermediate to advanced level, valuable lessons are being brought to life in an educational and entertaining fashion.

Ian Carroll, Chief Executive of ABC Asia Pacific said: 'It is testament to the underlying passion of ABC Asia Pacific that it is able to offer the highest quality interactive educational experiences to children and adults wanting to improve their English language skills. We are thrilled that ABC Asia Pacific is expanding its reach through grassroots activities while at the same time maintaining the high standard and frequency of English language programs which are giving individuals the chance to get ahead."

ABC Asia Pacific, funded by the Department of Foreign Affairs and Trade, was launched in December 2001 and is one of the fastest growing networks in the Asia Pacific region. ABC Asia Pacific provides a credible, reliable and independent voice in the region on behalf of Australia.

Study English – Developed in conjunction with INSEARCH UTS, the series is designed to test English reading, writing, listening and speaking skills. Each episode is fully supported by follow-up activities, study notes and transcripts which are available on the ABC Asia Pacific website: www.abcasiapacific.com/studyenglish. In addition, episodes can be viewed via the streaming video link on the site. Study English is designed for students at an intermediate to advanced level of English ability. Generally these students are preparing to attend a College or University where English is the language of tuition.

For more information about English Programs on ABC Asia Pacific, please visit abcasiapacific.com/learnenglish

>> abc asia pacific
fast facts

ABC Asia Pacific English Programs:

Living English – Living English is a basic English course taught by through the characters in drama Sisters and Brothers.

English Bites – English Bites is an informative and entertaining way to improve knowledge of the English language. Featuring a new story each weekday English Bites provides a detailed review of language, terms and usage.

The Business of English – New Series. The 15-part series for intermediate to advanced English language learners looks at the language used in everyday business situations. A new episode is posted online each week so the audience can watch and listen in their own time and learn English for meetings, presentations and negotiations.

■ ABC Asia Pacific is available in 10.2 million homes, 41 countries and 200,000 hotel rooms.

■ ABC Asia Pacific has a network of 158 re-broadcaster partners.

■ ABC Asia Pacific has an audience of over 938,400 per month that is growing at more than 50 per cent per year.

■ ABC Asia Pacific has an average of 250,000 visitors to the website per week.

Online Study Circles Help Regional Students Succeed

Trish Nichele, student, (front) and Cheryl Robertson, Geeveston Centre Coordinator, (back) share some learning at the Online Access Centre

Being a student in a regional area can sometimes pose challenges not usually faced by students in cities.

There can be distance and personal circumstances which make travel to training providers difficult or impossible. Or, there are issues which make online learning difficult such as a lack of computer access or suitable internet connection.

And then there are problems which arise from a lack of interaction with other students and barriers to accessing support networks.

In Tasmania, the old successful approach of study circles is being given new life to overcome this last problem and is helping students in regional areas succeed with online study.

This year, eight study circle trials are being run in regional communities across the State, through the Tasmanian Department of Education's Tasmanian Communities Online initiative.

The trials have received funding and support from the 2005 Australian Flexible Learning Framework, which is the national e-learning strategy for the vocational education and training system.

According to Tasmanian Communities Online Community Facilitator Graham Rae, the study circle trials aim to overcome the intimidation and trepidation felt by many potential learners especially those who are beginning to study at a mature age or after having children or who live in regional or rural areas.

He said the study circles build upon the informal, relaxed and communal spirit of the Online Access Centres, which are located in 64 rural and regional centres across the State, by enabling students to access e-learning in a supportive and friendly environment.

"Intimidation is a real factor for people who are new to computers and technology.

Everyone has their pride and it is very important we give people the support they need to improve their computer skills."

"The study circles give people the boost of confidence they need to keep on learning," Mr Rae said.

The Geeveston Online Centre, which is available to the 800 residents of the area, is one of eight centres spread across the State participating in the study circle trial.

The study circle groups are formed by students who are studying Certificate II courses in business or IT (Information Technology) from the Institute of TAFE Tasmania and who are completing them online.

Geeveston Centre Coordinator Cheryl Robertson said there has been a great response from the group involved in the study circle and this is reflected in their results.

"What we are involved in is a process of learning through socialisation. We have a core group of five people who meet four times a week at the Access Centre, most of which is done informally and organised amongst themselves," Ms Robertson said.

"While this group is helping themselves in their Certificate II course there is also the added benefit that they are available to help other members of the community who come in to use the Centre and need assistance using the computers and the facility."

According to Trish Nichele, who is a mother of eight from Geeveston, being a part of the study circle has been an important part of her succeeding and persevering with the *Certificate II in Information Technology.*

"Before I started the course four months ago I didn't know much about computers and computer programs. It has been a pretty intense course and I have had to keep my mind focused," Ms Nichele said.

"When I am home I get interrupted and sometimes it is easy to get lost on a particular topic and just leave it but when we are in the group we provide each other with support which I find really important."

"It helps that the Online Access Centre is close by and it also gives me a great chance [to] get together with other friends in the community which I didn't have before."

The *Tasmanian Communities Online* initiative has been running for the last seven years and is committed to ensuring all Tasmanians have equitable access to computers and the internet.

Graham Rae said the Centres were a way of overcoming the disadvantages faced by rural communities when it comes to accessing the latest technology.

"People in regional and rural communities can't afford to miss out on having online access and gaining the knowledge and skills to operate in today's online world," Mr Rae said.

As well as being open to members of the community they also double as training centres where members of the local community can undertake a range of courses from basic computer training through to accredited Certificate II.

For more information on Tasmanian Communities Online study circle trials visit: http://www.flexiblelearning.net.au/communitypartnerships.

For more information on Tasmanian Communities Online visit: http://www.tco.asn.au

For more information about the 2005 Framework, its products, resources and support networks, contact the National Communication Team, tel: (07) 3247 5511, email: enquiries@flexiblelearning.net.au or visit: http://www.flexiblelearning.net.au

ALA has a long history and expertise in the development of Learning Circles and the application of this methodology.

For further information visit the Learning Communities Catalyst website at: www.lcc.edu.au.

Dion Never Went to School but Loves Uni

For Dion Thomas every day used to be a struggle. For a few years he would not even leave his home. Now Mr Thomas, who has Asperger's Syndrome, has overcome the difficulties he has with every day life not only to go to university, but also to help tutor other adult learners.

During Adult Learners' Week 2005, Mr Thomas, at 31 was recognised with a special commendation in Queensland's Adult Learners' Week Awards Outstanding Learner category.

Mr Thomas is now still working to achieve his Bachelor of Information Technology through the University of Central Queensland and is helping mature age students as a volunteer tutor at the Tom Quinn Community Centre, Bundaberg.

His place in university was not easy to come by and as the first student in Queensland to undertake a university degree without any formal schooling, Mr Thomas is a pioneer.

"I find it fascinating that I have no schooling yet am able to attend university," he said. Mr Thomas said it was not easy to get into university. "I had to sit down and prove that I could write a sentence," he said. Even now, five years into his degree, it is a challenge. He has private tutoring and he experiences more stress from the environment than other students because of the syndrome.

But a degree is not the only thing Mr Thomas wants to do with plans to become a systems administrator and possible future studies in robotics.

* Asperger's syndrome is a form of autism characterised by impaired social functioning, repetitive behaviour and obsession.

Printed with permission, Bundaberg Queensland, NewsMail, by Nikki Royan, 5 September 2005. Photo courtesy of Bundaberg NewsMail.

We want your views and opinions

Adult Learning Australia is considering having an online copy of Quest only instead of both the quarterly hard copy and online version. Before we make any decision, however, we want your views and opinions. Please email: info@ala.asn.au or phone 6274 9500 to let us know if you still want a hard copy magazine or if you agree to an online copy only. All feedback will be gratefully received. After all, it's your magazine and we want to respond positively to your needs.

Thanks!

Peter Lavender
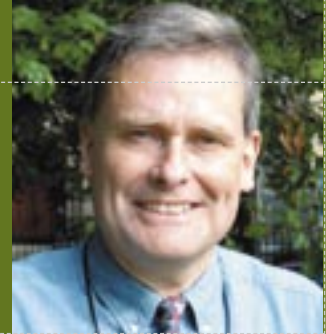
Mental health and adult learning: rights and possibilities

It has been known for a long time that learning activity can make a very big difference to the self esteem and confidence of individuals (James and Nightingale, 2004; Eldred, 2005). We also know that opportunities to learn can help adults, particularly those with mental health difficulties, build social capital, relearn skills, and improve wellbeing. It can also be an important part of the recovery journey (Repper and Perkins 2003). How adult learning can make a positive contribution has been explored in the UK in *Images of Possibility* (Wertheimer, 1996) and other publications (Mather and Atkinson, 2003; James, 2001 and 2005).

In Australia the Human Rights Commission published their ground-breaking report on mental health back in 1993 (HR&EOC, 1993). An entire chapter was devoted to the important role that education and training has. It is hard to find anywhere else in the world such a clear statement which brings together mental health issues and education for adults. My suspicion is that not much has changed as a result of this report but I would be delighted to be proved wrong. In the UK our experience of ground-breaking reports is that *implementation is all*. Or, as Florence Nightingale said, "Reports are not self-fulfilling".

In the UK, the two fields of mental health service provision and of lifelong learning seem to have neglected the potential of working together. There has been relatively little published research in this area, although many examples of promising practice.

In England this picture looks set to change following the publication of the government's Social Exclusion Unit, (SEU) report, entitled, *Mental Health and Social Exclusion* (Office of the Deputy Prime Minister, June 2004). The report is both hard-hitting and very accessible. It is intended that much of the implementation will be led by the Department of Health's National Institute of Mental Health in England (NIMHE). In the mental health report the recommendations, largely adopted by the government this year, include several for the Department for Education and Skills.

A formal partnership between NIMHE and the National Institute of Adult Continuing Education (NIACE) has been in existence since 2002. Much mutually valuable development has taken place between the two national institutes. This has included a survey on the level of post-compulsory education which involves adults with mental health difficulties, and the setting up of nine regional networks for practitioners from education, training and health – with over 900 members. Each regional network meets four times per year for *learning events*, and members are developing procedures and protocols for effective service user/learner involvement. NIACE and NIMHE have been working to push the agenda along for some years.

The UK government's social exclusion report sets out to:

☐ modernise mental health services so that people experiencing mental health difficulties will be supported to access mainstream services

☐ tackle stigma and discrimination by supporting the social inclusion of people with mental health difficulties

☐ promote greater social inclusion

☐ challenge the culture of low expectations placed upon people with mental health difficulties and to support achievement and success.

The SEU report sets a performance indicator for education providers to increase the number of adults with mental health difficulties achieving level two qualifications. Targets, as we know well, often have unintended consequences in their focus, or in the '*gaming*' that people play (Lavender et al, 2004). However, such a target could help to concentrate the minds of education and training providers on opportunities for a group of people often missed in the provision of services. In any case, given that the UK government is already aiming to ensure that the population reaches level two qualifications (*Skills White Paper*) this does no more than encourage providers to ensure that a wider group of people is brought into learning. Within the NIACE/NIMHE partnership project the work being done to meet this performance indicator has a slightly different focus. The research project, led by NIMHE in conjunction with the Care Programme Approach Association and supported by NIACE, will identify skill levels among adults on CPA and work to build capacity of CPA managers and service users to promote access to learning and skills. It is looking to identify needs, raise awareness and generate demand from mental health services and service users first rather than to create opportunities first.

Other recommendations implemented include a ministerial instruction to the Learning and Skills Council (LSC) for England to address mental health issues as a priority. This is hugely important. The LSC is the major funder and planner for all post-16 education other than universities. The LSC responded by including in its annual statement of priorities published in December 2004 that the Council will respond to the national report on mental health and that it will publish proposals to

improve services to learners with mental health difficulties. The LSC have now agreed to support the NIACE/NIMHE partnership project resulting in a national Task Group to steer the work and the appointment of Regional Project Officers to embed the work at a regional level.

The needs of learners with mental health difficulties sit within many national objectives but this may be the first time in the UK that it is quite so evident. It is important to remember that a gap in provision for learners with mental health difficulties was first identified in the report of the committee of enquiry on learning difficulties and/or disabilities, Inclusive Learning back in 1996 (HMSO, 1996). The LSC's statement of priorities comes at a good time. The LSC's national council has supported the need for regional development of provision for learners with all kinds of disabilities, including those with mental health difficulties. A national strategic review has taken place, with public consultation, and a national committee on disability established to take matters forward, working to the Council's Equality and Diversity Committee. So to set up a national Task Group to drive forward a response on mental health was relatively straightforward. The group began work in August 2005 and will report to the Council's Equality and Diversity Committee.

The work of the two national institutes in partnership has concluded that provision in further education and local education authorities [your TAFE and ACE] for adults experiencing mental health difficulties was patchy in availability and quality (NIACE/NIMHE 2003). In order to take forward the recommendations of the SEU report, the partnership has set itself four broad aims. These are to:

☐ boost demand for learning among adults experiencing mental health difficulties

☐ build capacity of the sectors (adult education and mental health service providers)

☐ ensure quality of provision, and

☐ raise achievement levels of learners with mental health difficulties.

Within these four broad aims there are also developments that focus on specific groups of adults with mental health needs. This includes, for example, access to learning and skills for service users from ethnic minorities.

The NIACE/NIMHE partnership will assist the Learning and Skills Council in addressing the requirements placed upon it by the government. There are recommendations in the SEU report relating to higher education on which there is some development. The recommendations on the arts and on volunteering are of interest too and there is need to consider more joined up approaches to this strand of action.

It is likely that expansion of support for people experiencing mental health difficulties in England will make a difference to many adults not yet in learning, and the quality of opportunity they experience. This is a cross-government issue; we cannot make progress without the support of health, education, the
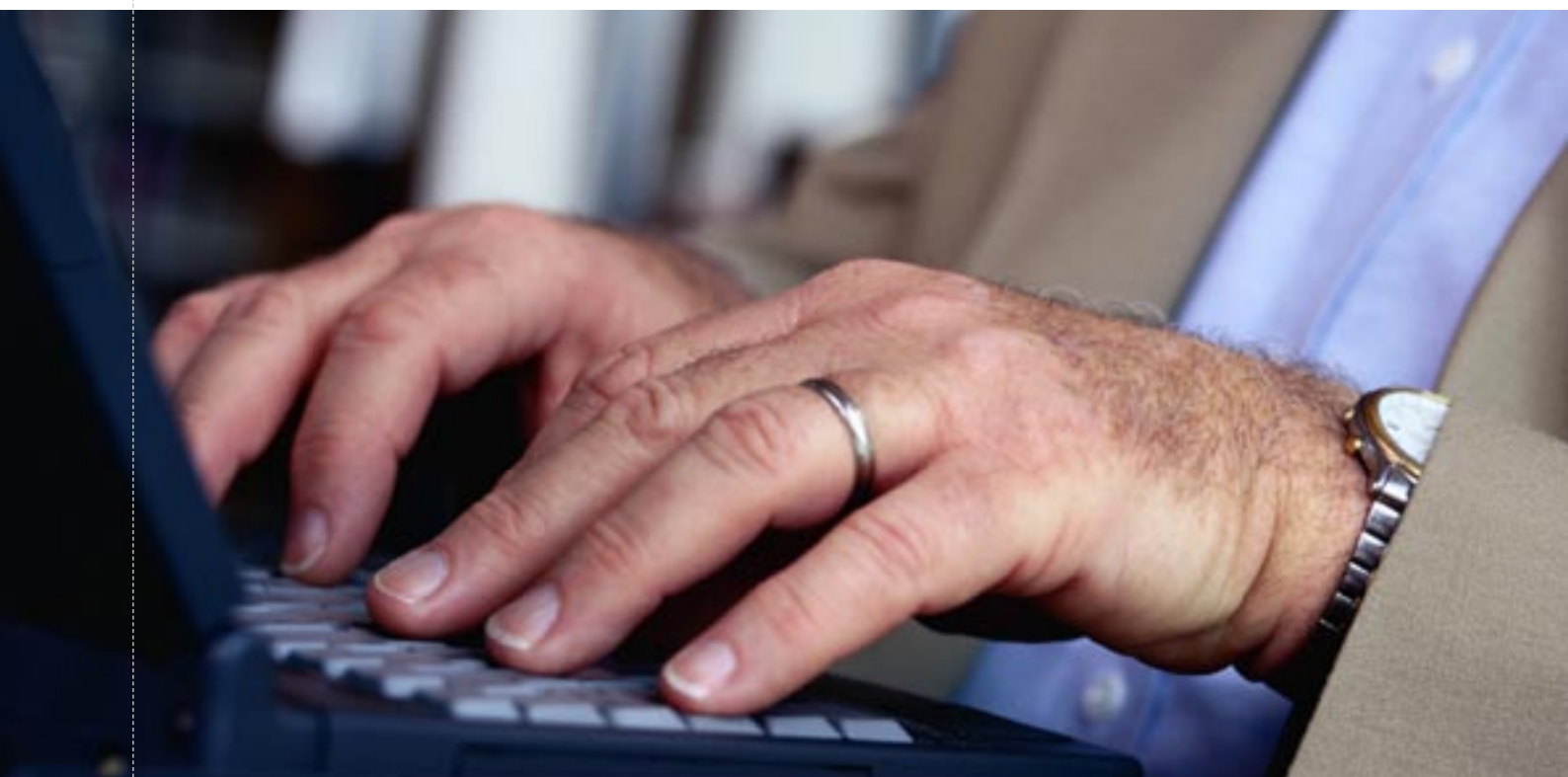
voluntary movement and many other players. For this to really work we will need to learn from successful learners, and from those who have provided the opportunities and support. We may also need to learn from Australian colleagues just how you approach making a difference to people's lives through learning. Given the valuable work of the Australian Human Rights Commission in 1993 it goes without saying that there may be much to learn from education and training providers across Australia who have found ways of boosting demand for learning, building capacity of teachers and providers, ensuring the quality of provision, or raising the achievement levels of learners. If there are, it would be helpful to hear from them.

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ALA New Members

Individual New Members

Joanna Dolan
Uralla NSW 2358

Helen Major
Maylands WA 6931

Adrian Farrell
Vermont South Vic

Lorelie Ball
Dernancourt SA 5070

Nan Bosler
Collaroy Plateau NSW 2097

Liz Keyes
Coorparoo QLD 4151

Leanne Isaacson
Geranium SA 5301

Marieta Watson
Rockhampton QLD 4701

Patrick Stanton
Boondall QLD 4034

Organisations

Bundaberg Skills Centre Inc
Bundaberg QLD 4670

U3A Online
Florey ACT 2615

Victorian Learning Towns Network
Leongatha VIC 3953

Milang Progress Assoc Inc
Milang SA 5256

Department of Adult Education and Training
Canberra ACT 2600

Information about mental illness

In Australia 500,000 children and 2.6 million adults – in total of 3.1 million people – experience mental illnesses each year.

Source: MHCA website, www.mhca.org.au

Mental illness and social isolation

Social isolation and loneliness are among the most painful consequences of having a mental illness. It is also routinely used as a punishment in prisons and detention centres. Yet it is also a common experience for many people affected by mental illness. There are many reasons for this cruel consequence. Symptoms of mental illness can affect functioning, making it difficult even to hold a simple conversation. People with depressive or psychotic disorders often experience anxiety and sometimes paranoia. If a first episode of psychosis occurs during the teen years, before mature social skills have developed, these can be difficult to learn as the years go by.

Stigma also has a subtle corrosive effect. For all these reasons, many people affected by mental illness have difficulty relating to others, and lead lives in *solitary* for much of the time.

A study entitled *Low Prevalance** gathered information through a census of 3,800 Australians with a diagnosis of schizophrenia or other psychotic disorder. A major recommendation of the study was for steps to tackle this issue through a national network of programs addressing rehabilitation and other needs, enabling people affected by mental illness to live as part of their local communities. As a follow up to this study, SANE Australia (a national charity helping people affected by mental illness) conducted its own research on social isolation which revealed seventy-two per cent reported feeling lonely *all* or *most* of the time and over 90% believe friendships are an important part of staying well. People who have a wider social network because they attend a rehabilitation program report being better able to manage their illness, but less than 20% of people attend these programs.

These findings strongly indicate that treatment in the community has a long way to go in providing effective and accessible services to people affected by mental illness.

At the same time, it needs to be recognised – as the SANE study reports – that rehabilitation programs need to help people with mental illness make social contact in the wider community, not become *mini-institutions* in which people only mix with others who are similarly affected.

Reproduced with permission from SANE News, Winter edition 2005

*The *Low Prevalence* Study. Jablensky et al, *People Living with a Psychotic Illness* (Commonwealth Dept of Health and Ageing, 1999). Available at www.mentalhealth.gov.au

Keeping your mind fit

Mental fitness helps us to achieve and sustain a mentally healthy state, just as physical fitness helps us to achieve and sustain a good state of physical health. By considering some of these factors, it is possible to identify how we can improve our mental fitness:

- **Realistic attitude** – When we are able to feel and draw on optimism, and get a sense of perspective and flexibility, we gain the resilience needed to endure shock, hardship or change, and to carry on with our lives.

- **Self-esteem and confidence** – Instead of focusing on what we are lacking, we need to focus on the qualities we do have that make us a good friend, a valued colleague, a loving parent or family member.

- **Emotional support** – Close ties with family and friends build support networks through which we receive help and, in turn, help others.

- **Mental agility** – Giving our minds and bodies a workout by engaging in a variety of mental activities – such as reading a book, solving crosswords or playing a musical instrument – enhances mental agility and promotes overall wellness.

Tips on mental fitness

Step 1: Think about your emotional wellbeing. Assess your emotional health regularly. Consider the particular demands or stresses you are facing and how they are affecting you.

Step 2: Give yourself permission to take a break from your worries and concerns. Recognise that dedicating even a short time every day to your mental fitness will reap significant benefits in terms of feeling rejuvenated and more confident.

Here are some simple ways to practise mental fitness:

☐ **Exercise –** Regular physical activity improves psychological wellbeing and can reduce depression and anxiety.

☐ **Share a laugh –** Life often gets too serious, so when you hear or see something that makes you smile or laugh share it with someone you know.

☐ **Set personal goals –** Goals don't have to be ambitious. You might decide to finish that book you started three years ago; to take a walk around the block every day; to call your friends instead of waiting for the phone to ring. Whatever goal you set, reaching it will build confidence and a sense of satisfaction.

☐ **Do one thing at a time –** For example, when you are out for a walk or spending time with friends, turn off your mobile phone and stop making that mental "to do" list. Take in all the sights, sounds and smells you encounter.

☐ **Treat yourself well –** Cook yourself a good meal. See a movie. Call a friend or relative you haven't talked to in ages. Sit on a park bench and breathe in the fragrance of flowers and grass. **Whatever it is, do it just for you**.

Source: MHCA website

Learning Circles Resource Manual for Facilitators and Learners

The Learning Circles Resource Manual for Facilitators and Learners provides a full training course on facilitating learning circles. Developed by Adult Learning Australia, the Resource Manual is an introduction to what learning circles are and how they work.

Costs:

Hardcopy + CD	$174.24
Hardcopy only	$144.10
CD only	$116.16

For further information email sales@atpl.net.au, Australian Training Products Ltd, visit www.atpl.net.au or telephone: (03) 9655 0600.

Calendar

United Nations Literacy Decade 2003–2012

1–2 February 2006

Teaching and Learning Forum 2006

This is an annual event for all academic staff and all those interested in teaching and learning in higher education including those from administrative and support areas as well as students. The theme for 2006 is *Experience of Learning* and the program includes papers, keynote and panel sessions and time for open discussion on a range of teaching and learning issues. Aimed at staff at WA universities, the Forum attracts participants from interstate and overseas.

For further information visit, The University of Western Australia, **www.catl.uwa.edu.au/tlf06**.

6–7 February 2006

Improving Information on Disability and Functioning

Improving information on disability and functioning is an important and challenging task. The AIHW is working with a range of stakeholders and advisors to improve the quality, consistency, relevance and availability of such information. This forum, with its diverse range of speakers, is designed to provide opportunities for discussing and furthering these aims. The AIHW is the Australian Collaborating Centre for the WHO Family of International Classifications, including the International Classification of Functioning, Disability and Health (ICF). The forum will provide an opportunity for users to share information about the ICF and its implementation.

For further information contact, AIHW on 61 2 6244 1070, or GPO Box 570, CANBERRA ACT 2601.

8–9 February 2006

NIFTeY 2006 Conference

The theme for the 2006 NIFTeY conference is *Reducing the risk of poorer life outcomes by intervention in the early years*. This will be a conference for people interested in hearing about some of the latest research pointing to the success and cost-effectiveness of early life interventions in preventing adverse health and developmental outcomes.

For further information contact NIFTEY Conference Secretariat Conference Action, tel: (02) 9437 9333 or email: **louise@conferenceaction.com.au**.

16–17 February 2006

Helping Families Change Conference 2006

The Helping Families Change Conference, organised by the University of Queensland's Parenting and Family Support Centre presents an evidence-based scientific program and advanced level workshops in family intervention. The conference will be of interest to practitioners and researchers working with families in the health, education and welfare sectors and to graduate students with an interest in child and family issues.

For further information visit **www.pfsc.uq.edu.au**.

7–8 March 2006

Go Girl, Go For IT

The 2006 Go Girl, Go For IT Careers Showcase aims to generate passion, excitement and interest in young women between the ages of 13 and 17 years about the variety of roles and careers in the ICT industry.

For further information email: **gogirl@gogirlwa.org.au**.

8 March 2006

Somerset Conference for Librarians

The 2006 Somerset Conference for Librarians, Teachers et al is an academic Forum for International Research on the promotion of Reading with the theme *Environment! Empowerment! Enjoyment!* Speakers include: Jamie McKenzie (USA), *Learning to Question, to Wonder to Learn*, award-winning Childrens' Editor, Jeff McMullen and Indigenous literacy with Suzy Wilson (Riverbend Books). Conference delegates have free access to the Somerset Celebration of Literature, March 10–12 2006.

For further information visit **www.somerset.qld.edu.au/**.

29 March–2 April 2006

Ideas Festival

The Ideas Festival is a four day festival of ideas, innovation and invention, to be held at South Bank, Brisbane. The Ideas Festival includes lectures, demonstrations, debates, panels and exhibitions and is open to all and mostly free. It offers something for all, drawing new audiences into the celebration, discussion and debate of ideas and innovation.

For further information visit http://**ideasfestival.com.au**.

1–2 April 2006

Happiness and its causes

Understand new developments in cognitive therapy and positive psychology; learn the techniques of Eastern psychology for enhancing happiness and wellbeing. A dynamic conference experience over one action packed weekend.

For further information visit www.happinessanditscauses.com.au or call (02) 9005 0777.

31 May– 2 June 2006

Brain Injury Australia's (BIA): Inaugural National Conference 2006 – Insights and Solutions

The conference will offer the opportunity to increase understanding of the problems faced by individuals living with brain injury, to strengthen partnerships and to increase awareness of services, programs and new approaches to brain injury research.

For further information email: **bia2006@acqi.org.au**

The Adult Learning Australia office will be closed from Thursday 22 December 2005 and will reopen on Monday 16 January 2006.