Education and Recovery

Achieving Positive Outcomes in Education for Adults with Mental Health Difficulties

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on behalf of Bray Adult Education Network

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Bray Adult Education Network Membership

Bray Adult Education Centre (KWETB)
Bray Adult Guidance Service(KWETB)
Bray Adult Learning Centre (KWETB)
Bray Area Partnership
Bray Community Enterprise
Bray Family Resource and Development Project
Bray and North Wicklow Youthreach
Bray Home School Community Liaison Scheme
Bray Traveller's Community Development Group
Co. Wicklow Volunteer Centre
Greystones Family Resource Centre
Loughlinstown Training Centre (DDLETB)
National Learning Network
Wicklow Trade Union Centre

CONTENTS

Acknowledgements

Executive Summary

Introduction
This research was commissioned by the Bray Adult Education Network. The research explores the educational and support needs of mental health service users accessing adult education in Bray. In particular, it explores the experience of learners with mental health difficulties in adult and community education through individual semi-structured interviews and focus groups.

Field Research
A combination of interviews and focus groups were conducted. In total, fourteen people with mental health difficulties participated in the research and six education and mental health service providers. Participants for the surveys and interviews were selected in consultation with service providers who could provide support before and after participation.

Literature and Policy Review
The research identified the strategic role placed on education within mental health policy but highlighted a lack of corresponding focus on mental health within education policy. Literature highlighted many of the barriers to access and participation in education for people with poor mental health, which included income and other resource barriers, lack of voice and other representation issues as well as stigma and other issues related directly to their mental health needs. Example of good practice in the education field was also reviewed with a specific focus on the Recovery College in Mayo; the NLN/ NUI Maynooth Student Central; and the NLN assessment service in Blanchardstown IT.

Findings and Discussion
The World Health Organisation (WHO) has stated that mental health is an intersectoral issue requiring the involvement of the education, employment, housing and social services sectors, as well as the criminal justice system. Using a human rights and equality framework, this research also concludes that equality in adult education for people with mental health difficulties requires policy and practice action across a range of social inclusion policy areas.

Recommendations
A range of recommendations was made regarding access, participation and outcomes from education for people with poor mental health. The provision of flexible and transitional programmes was a key recommendation as was the need to ensure that people with mental health difficulties are not excluded from training and education schemes focused on activation. A focus on preparing people for success through peer support, group participation and social engagement was also identified as a core part of successful participation. Partnership and collaboration between adult and community education providers and mental health services is also fundamental to support people with mental health difficulties to participate in education in mainstream settings. *Table 1* provides a summary of the key recommendations within this report.

Table 1: Summary of Key Recommendations

Short Term Recommendations		
Recommendation	Agency Responsible	Expected Outcome
Explore Genio funding application and/or explore other funding options such as rehabilitative training funding.	HSE and BAEN	Funding identified for a pilot transition education project for people with poor mental health.
Develop referral protocols between education services and mental health services. For example, between Adult Guidance Services and the HSE and disability services.	HSE and KWETB	Protocol available to mental health and education services.
Mental health awareness training to be provided to education service providers	HSE and KWETB	Staff in KWETB education services and wider education services have greater knowledge around mental health.
Explore in more detail the models of best practice in third level college such as Blanchardstown IT	BAEN	Consultation event held with service users.
Explore in more detail the models of best practice in third level college such as Blanchardstown IT.	BAEN	Invite speakers from models of best practice identified in the research to present to the BAEN.

Long Term Recommendations		
Advocate for changes to FET policy and wider social protection, employment and general inclusion policy to ensure wider socio-economic needs of this group are met.	BAEN	Specific reference to people with mental health difficulties with FET service plan. People on DA payments have equal access to education and training.
Continued compliance with disability related recommendations in FET strategy and service plan	KWETB	Targets are set and targets are met regarding access and participation of people with disabilities. Provision of more flexible FET courses.
Develop a transitional education programme (modelled on Recovery College) or education support programme (modelled on IPS employment model.	KWETB and HSE	Funding stream targeted (e.g. Genio) and pilot programme delivered.
Provide psychological assessment support in FET.	KWETB	Specific contact person available within FET service.
Provide more opportunities for community AMHS service users to participate in therapeutic groups and prepare for participation in FET.	HSE	More therapeutic groups available through community AMHS
Provide structured supports to people with mental health difficulties accessing FET.	KWETB and HSE	Named contact person within FET services and community AMH services who can work in partnership to bridge education and mental health needs of service users. Referral protocols include adequate needs assessment.

Chapter 1 – Overview of Research

1.1   Background to the research

This research was commissioned by the Bray Adult Education Network (BAEN) with funding from Bray Area Partnership, Kildare and Wicklow Education and Training Board and National Learning Network. The BAEN was established in 2002 to provide a platform for local organisations working in the area of adult education to meet on a regular basis, provide an opportunity for shared learning, policy development, greater integration and collaboration between relevant organisations at local level.

The Report of the Expert Working Group on Mental Health Policy *A Vision for Change* (2006) identifies the important role that flexible provision of adult education programmes plays in addressing the needs of adults with mental health problems. Mental Health Reform Recovery (2013) identified the critical role for mental health services in promoting recovery and promoting social inclusion arguing that 'mental health services will be hampered in facilitating recovery if they do not have effective links with local housing, education and employment services.' The important link between adult education and mental health services resulting in access to education is also articulated by the HSE (2012) *Advancing Community Mental Health Services in Ireland*.

As part of a work plan for 2015, the BAEN committed to undertaking a piece of research documenting the educational needs of adults with mental health difficulties living in the Bray and North Wicklow area.

1.2   Aims of the research

1. To identify the number of adults presenting to the HSE Adult Community Mental Health Services from the Bray and North Wicklow area.
2. To explore the educational and support needs of adults with mental health difficulties with regard to accessing community and adult education services in the area.
3. Identify supports required for transitional programmes aimed at preparing adults with mental health difficulties to re-engage with education.
4. To define any barriers for the target group in accessing adult education services.
5. Outline clear policy recommendations aimed at supporting greater collaboration between BAEN members and community mental health services that will result in better outcomes for the target group.

1.3   Methodology

Data collection

The field research was conducted using qualitative research methods, which included one-to-one interviews and focus groups. Table 2 details the interview and focus groups participants.

Table 2: Overview of Interview and Focus Group Participants

Research method used and participants				
One-to-one interview		**Focus groups**		
Participant status	*Gender*	*Participant status*	*Gender*	*Age range (if relevant)*
Adult education service user	M	4 service users of specialised adult education service	3M 1F	20-25; 40-45; 35-40
Adult education service user	F	7 service users of community mental health service	4 M 3 F	All age ranges covered
Mental health service user not in adult education	M			
Adult education service provider	F			
Adult education service provider	F			
Adult education service provider (specialised)	F			
Further education service provider	F			
Mental Health service provider	F			
Specialised mental health education proj-ect service provider	M			

Participants

Focus group and interview participants were identified by professionals working with them in the adult education and community mental health services. Interviews were then conducted with those individuals willing and interested in taking part in the research and sharing their experiences of the supports and barriers experienced with respect to adult education. Two focus groups were also held. The focus group held in Clubhouse (a member led, community-based model for people with mental health difficulties) was put to the members first as a suggestion and they agreed to participate. Service providers involved in adult education and community mental health services were also identified and interviewed.

Ethical concerns and ethical approval

Research with specific groups, which includes people with poor mental health, presents a number of ethical considerations. Ethical approval was sought from the HSE and was approved based on the safeguards that had been incorporated into the research design to address these ethical concerns.

At the outset of the research, it was acknowledged that a person experiencing mental health difficulties may face a number of risks if engaged in research:

1.   A person with an acute episode of anxiety or disordered thinking would probably not be able to engage in conversation with the interviewer or to contribute to a group discussion without undue distress.

2.   It might also be the case that a person who is psychologically able to tell their story in the cognitive sense may not feel emotionally well enough to do so. For example, it may be upsetting for someone to review their situation if sad or unpleasant experiences are recalled.

3.   A service user might become concerned if approached to participate because they fear that it means they are more unwell than they believed.

4.   Members of an organisation or individual users of services may fear that confidentiality had been breached if they are approached to participate without sufficient prior consultation and explanation of what the project is about by trusted others.

5.   Someone who really does not want to participate may feel obliged to do so because of being approached in a formal and official way. Thus they may comply against their own better judgement.

6.   A person may experience distress before or after an interview.

7.   A person may be concerned about confidentiality and anonymity.

As a safeguard, it was decided not to use random sampling when selecting research participants. Instead, to control for the above risks, it was decided that potential participants would be approached by the trusted staff person known to them in the case of the service user organisation. This way, a person had freedom to say no; had support if needed; and had the opportunity to ask more questions.

This safeguard was premised on the understanding that the professionals working with the person within the education or mental health organisation would know how well someone was; whether they would be upset by talking about their experiences; and/or whether they might be inclined to give consent in order to be helpful or to comply with authority. Thus they could safeguard would-be participants.

An information leaflet was developed to explain the research in an accessible manner to possible participants. A consent form was also drafted and consent was initially addressed by the trusted staff person known to the possible participant. Consent was also raised again by the researcher at the outset of the interview thereby giving the person an opportunity to rethink consent.

No names were recorded during the interview process and participants were assured of confidentiality and anonymity. Interviewees were informed that all interview transcripts would be destroyed after use.

Data analysis

The interviews and focus groups were recorded, transcribed and then analysed for themes.

Literature

A review of policy documents and literature was conducted regarding the educational and recovery needs of mental health service users.

1. 4. Conclusion and structure of the report

This research explores the experience of learners with mental health difficulties in adult and community education through individual semi-structured interviews. Focus groups of mental health service users, discussions and interviews with education and mental health service staff and visits to sites of inclusive practice provide a context for findings and recommendations.

The report is divided into four sections. The first section outlines the operational environment for existing adult mental health and adult education services in the Bray and North Wicklow area. The second section gives a detailed overview of the policy context. The last two sections of the report present findings from the field research and outline practical recommendations for BAEN to support the educational needs of community mental health service users and ensure greater collaboration across education and mental health service providers.

Chapter 2 – Overview of Mental Health and Education Services in Bray and North Wicklow

2.1 Community mental health services in Bray and North Wicklow

The Wicklow Mental Health Service has its headquarters at Newcastle Hospital in County Wicklow. The catchment area covers the County Wicklow coast from Bray to Arklow with a population of about 130,000. It has a mix of urban and rural population. Parts of Bray have a relatively high deprivation index and high rates of psychiatric morbidity.

There are four community mental health teams in Wicklow. Each is consultant-led with community mental health nurses, one social worker, one OT per team and input from psychology. Newcastle Hospital provides inpatient services when required but the majority of care is provided within the community by the community mental health teams. All mental health teams provide the same service and have the same set-up in different catchments, namely Bray, Greystones, Arklow and Wicklow Town. Most referrals come through the GP with some coming through A and E or through acute services. Some people are managed at a GP level and may not be referred to the mental health team.

The types of community mental health services provided for the Bray and North Wicklow area (referred to as CHO area 6 in the HSE Operational Plan) are as follows;

a)   General Adult Mental Health, with two acute units in Newcastle Hospital Co Wicklow and in St Vincent's. Additionally the Cluain Mhuire Adult Mental Health Service is provided by St. John of Gods under a Service Level Agreement which includes purchase of inpatient beds in St John of God Hospital for catchment area patients.

b)   Eating Disorder Service (ISA Wide)

c)   Perinatal Mental Health (National and ISA, over 500 new referrals per year)

d)   Old Age Psychiatry

e)   Detect services provide early intervention services

2.1.1 Service users of community mental health services

The Community Mental Health Services in Bray, according to 2015 data records, have approximately 550 active patients with appointments ranging from weekly to six monthly. Data for 2014 shows that there were 447 accepted referrals for 18+ year olds for Bray and Greystones combined.

2.2   Adult education services in Bray and North Wicklow

There is a wide range of adult education services in Bray and North Wicklow. Kildare and Wicklow ETB is the main provider of Further Education and Training (FET) in Kildare and Wicklow. FET is offered through various programmes and services in locations throughout Wicklow. These include, but are not limited to, the Bray Adult Education Centre; The Bray Adult Guidance Service; Bray Institute of Further Education; Bray and North Wicklow Youthreach and the Bray Adult Learning Centre. Kildare and Wicklow ETB also work in co-operation with other organisations, both statutory and community in facilitating additional classes. Other education service providers include Bray Area Partnership; Bray Traveller's Community Development Group; Bray Family Resource and Development Project; and the National Learning Network. The range of services available offers people an opportunity to access basic and further education opportunities to engage in a process of lifelong learning. However, it is important to acknowledge that programme funding for adult education services places a significant emphasis on labour market activation. This in itself can cause a dilemma for services in meeting the needs of adults with mental health difficulties who are engaging in education and training as part of the recovery process and are in no way ready to renter the labour market in the short term.

A partnership and collaborative approach underpins the on-going development of adult education services in Bray and North Wicklow through the efforts of the Bray Adult Education Network.

2.2.1   Adults with mental health difficulties using adult education services

The adult education services in Bray receive a number of referrals from the Community Mental Health Team as well as self-referrals from people with poor mental health. The main referral agent in the case of people with mental health difficulties is the OT from the Community Mental Health Team. People may also be referred from the GP and other community services such as the Bray Community Addiction Team or Youth Services.

In some cases, it is known to the adult education service provider that a person has mental health difficulties but in other cases, it may remain unknown due to a person not disclosing.

People being referred may be in the early stages of recovery and participation in education is seen as something that may support recovery. Equally, people may be in the later stage of recovery, or learning to manage their diagnosis, and ready to pursue further education to access employment or further training.

In most cases, those referred are well able academically for the courses that they undertake and the support issues arise more in relation to practical, social and psychological supports. However, episodes of poor mental health, medication issues, relapse and other issues related to a person's mental health can impact on academic capacities at different stages and so academic support can be required at specific times. In addition, if someone that has been out of an academic setting for a long period or left education early due to mental health issues, then returning to education can present literacy or other learning barriers. In this regard, academic supports are necessary.

The majority of people consulted and cases discussed, as part of this research, were male in gender and mostly under 40.

Referrals from the community mental health services to education services have grown in recent years as a closer working relationship has developed between the adult education sector and mental health services in Bray and North Wicklow.

2.3 Conclusion

This chapter has provided an overview of mental health services and education services in Bray. Mental Health referral and patient activity data for Bray and North Wicklow clearly shows a significant number of people accessing community mental health services. There are also a number of people, not known to community mental health services, receiving care through their GP for poor mental health. There are a number of people referred from the community mental health teams to the adult education services in Bray and North Wicklow. This chapter provided a brief profile of service users with poor mental health.

Chapter 3– Policy Context, Literature and Practice Review

This chapter examines the Irish policy context for addressing the educational and recovery needs of community mental health service users. It also reviews literature and practice to identify good practice with regards to effective education models and mental health.

3.1 Policy and literature

This includes an overview of adult education and mental health policy. In order to conceptualise the research, an overview of human rights and social inclusion issues with respect to the educational needs of mental health service users is also examined.

3.1.1 A focus on social inclusion in mental health policy

The World Health Organisation defines mental health as "a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community" People with mental health difficulties want to recover not only their health but their lives. Social inclusion is an essential aspect of recovery (Amnesty International Ireland, 2010:13)

A Vision for Change states that "poor mental health affects our ability to cope with and manage our lives, particularly during personal change and through key life events, and decreases our ability to participate fully in life" (A Vision for Change, p.16).

A report published in June 2015 by Mental Health Reform, *A Vision for Change Nine Years On: A coalition analysis of progress*, concludes that people with mental health difficulties continue to experience significant social exclusion in Ireland, facing prejudice, unemployment and difficulties in accessing housing.

The relationship between social inclusion and mental health is bi-directional: homelessness, joblessness and low income are risk factors for poor mental health, while people with long term mental health difficulties are at high risk of social exclusion, particularly unemployment.

The Mental Health Commission's Quality Framework incorporates social inclusion into its standards for mental health services with standard 2.3 specifically stating that the mental health service promotes positive mental health and community integration of mental health service users. This standard places a responsibility upon mental health professionals to actively work to facilitate their service users' integration into the local community.

At a national policy level, mental health supports and services are primarily directed by government mental health policy, A Vision for Change (AVFC), which was published in 2006. AVFC recommends that integrated care is provided to service users in the context of their local community and that this is delivered primarily through Community Mental Health Teams (CMHTs), each of which typically caters for a population of 50,000.

The Expert Group on mental health policy who drafted A Vision for Change recognised that stigma/prejudice and discrimination are priority issues for people with mental health problems. Social inclusion is an integral part of recovery. Good quality mental health services support an individual's integration into the community and help them to combat stigma/prejudice and discrimination.

3.1.2 A focus on education in mental health policy

According to Census 2011 data only 43.8% of the working age population of people with a mental health disability are in the labour force compared to 61.9% of the overall population over age 15 (CSO, Census Profile 8). People with a mental health disability are nine times more likely to be out of the labour force than those of working age without a disability, the highest rate for any disability group in Ireland (Watson, D., Kingston, G. and Mc Ginnity, F., 2012:19)

In 2013 the Mental Health Reform (MHR) carried out a study on the value of the rehabilitative and vocational training delivered by the National Learning Network (NLN). The report identified the valuable role such training can have for people with mental health difficulties. Findings showed employment outcomes from vocational training on a par with international evidence, but a dearth of progression options for those not entering the labour force on completion of training (Mental Health Reform, 2013) The study findings indicated that NLN rehabilitative and vocational training can play an important role in promoting social inclusion for persons with mental health difficulties.

Research by Rooney (2010), Learning is my Prescription, states that:

> Mental health recovery is a process of gaining in autonomy and of moving towards social inclusion rather than marginalisation, towards an agentic role rather than that of 'patient'. Recovery involves an individual and internal journey, but also requires the existence of external triggers and opportunities. The provision of opportunities to participate in education can be a crucial factor in recovery for many people with mental health difficulties and is an important equality issue.

Rooney explores the education provision for mental health service users and in particular explores the experience of learners with mental health problems in adult and further education through individual semi-structured interviews.

Rooney found that the experience of participants was found to attest to the potential of education in promotion of recovery and in counteracting marginalisation. However, while participants in full-time education programmes were found in general to have positive experiences, good practice by education staff was ad hoc and dependent on effective individuals rather than on operationalised policy. Meanwhile, provision of part-time education for mental health service users remains mostly in the traditional model of classes in mental health service settings, perpetuating segregation and 'othering' of people with mental health difficulties. Recommendations include development of policies which promote inclusive practice, supported by staff professional development.

3.1.3 A focus on mental health in education policy

In contrast to the strategic focus on the role of education in mental health literature and policy, education policy lacks a corresponding focus on mental health. There are a number of recent government initiatives which aim to support people with mental health difficulties to become more integrated within the community. The Housing Strategy for People with Disabilities represents a positive commitment on the part of the Department of Environment, Community and Local Government to address the needs of people with a mental health disability while the upcoming employment strategy for people with disabilities contains some commitments that could benefit people with a mental health disability. However, education and training policy does not contain a similar focus on mental health with no specific mention of mental health in strategy documents or other significant publications.

A submission from the Department of Education and Skills to the Department of Health for an update to implementation of recommendations related to A Vision For Change (AVFC) specifically reported on the two key recommendations in AVFC that referenced education. These education related aims in AVFC include:

> RECOMMENDATION 3.4:
> The adult education system should offer appropriate and supported access to information, courses, and qualifications to service users, carers and their representatives that would help to enhance and empower people to represent themselves and others.

And:

> RECOMMENDATION 4.1:
> All citizens should be treated equally. Access to employment, housing and education for individuals with mental health problems should be on the same basis as every other citizen.

In the submission, the Department refers, in a general context rather than specific to mental health, to the Back to Education Initiative (BTEI), adult literacy and basic education as well as community education programmes as being particularly for adults who are hard to reach and are accessing informal/ non-formal education as a first return step on the lifelong learning ladder.

However, the vast majority of the submission refers to actions at a higher education level. The submission does not quantify or describe actions within the adult and community education sectors which it states is central to the work of the Department with people with poor mental health. Notably, the *Further Education and Training Strategy 2014 – 2019* contains only one reference to mental health and that is within the health promotion context. However, the *FET Strategy 2014-2019* and the *FET Services Plan 2014-2019* does have a general reference to disability and social inclusion. The *FET Services Plan* states (2015: 10):

> The FET Strategy also seeks to increase levels of active inclusion through the provision of high quality, more accessible and flexible education, training and skill development interventions and the associated supports suited to the individual. Each ETB has been requested by SOLAS to set out its provision and supports in this regard, for example in the area of provision for persons with a disability, as part of service planning process for 2015.

In this regard, it is important to note that the majority of SOLAS funding is currently targeted at full time FET programmes at National Framework of Qualifications (NFQ) levels 1-6 and many of these programmes have a vocational and employment aim.

The *FET Strategy* specifies that being one of four discrete sectors of the Irish education framework, FET is a distinct and important sector in its own right. The sector provides a wide range of courses not available elsewhere for a diverse range of individuals over sixteen years of age. It is one of the main providers of re-skilling and up-skilling programmes for employees and for those who are unemployed or inactive. It assists individuals to progress to higher education who otherwise could not directly do so. Another important role is to provide 'second chance' education for the many individuals who have not completed second level education. The Strategy claims that there can also be wider benefits of engaging with FET related to both individual mental health and wider community payoffs (p.58).

The Strategy refers to the need for national referral protocols between Adult Guidance Services and DSP and other national agencies such as the HSE and disability services. The Strategy also refers to the National Disability Strategy Implementation Plan (2013-2015) high level goal, which is centred on maximising the potential of people with disabilities. The Strategy states (ibid: 97):

> In order to facilitate the realisation of this goal, SOLAS, through the annual business planning process with the ETB sector and in conjunction with DES, DSP/Intreo and the disability sector, will agree FET targets and associated supports for people with disabilities participating in FET.

There is also specific mention of community education as a critical access point for many adults who left school early and/or who have personal, familial or communal experience of socio-economic exclusion. It facilitates many people to participate and work in their local communities. It forms one of the pillars of FET, which is concerned with progressing active inclusion, because among other things, it enables individuals to develop new personal skills and knowledge as well as empower them to identify actions needed to address a range of issues relating to their wellbeing. Therefore, it is important that the community education sector continues to be supported in its work and that it can clearly demonstrate the benefits, outcomes and progression options for learners.

The Strategy also maintains that clear access and progression routes from this provision to other FET and to higher education will need to be developed. This is an important point in relation to specific groups like those with mental health difficulties. Research has shown these groups have a disproportionate lack of progression from basic education.

The *FET Services Plan 2014-2019* also sets out specific aims to ensure that the FET Strategy references to disability are addressed. It states (2015: 38-39):

- FET programmes are available to all learners including persons with a disability who meet the eligibility criteria and the guidelines provided for each FET programme.

- Specific FET programmes are provided for persons with a disability through Specialist Training providers (STPs) and Community Education.

- ETBs intend increasing the range and number of programmes available at NFQ Levels 1, 2 and 3, as well as non-accredited programmes, as appropriate, for persons with a disability.

- The HEA Fund for Students with Disabilities can provide support for students with a disability. This fund allocates funding to further and higher education colleges for the provision of services and supports to full-time students with disabilities. The fund aims to ensure that students can participate fully in their academic programmes and are not disadvantaged by reason of a disability.

A review (2013) undertaken for the Department of Education and Skills by Dr John Sweeney, Senior Policy Analyst, National Economic and Social Council, stated that SOLAS, the Further Education and Training Authority, will provide strategic funding and direction to the sector, with programmes delivered locally through the 16 regional Education and Training Boards (ETBs). The review, which informed the Strategy, maintained that the principles that should guide FET strategy over the short to medium term are set out in this document: flexibility and responsiveness in delivery; robust evaluation of outcomes based on on-going collection and assessment of data; developing and adapting courses that meet the skills needs of local and regional employers; allocation of resources to the most effective elements of FET in helping the unemployed, meeting skills needs and continuing to provide a pathway to work for school-leavers. It also stressed that the existing FET provision, while in the process of reforming, will need to be increasingly targeted towards the long term unemployed. There is no specific mention of mental health in the review and consequently no specific focus on mental health in the Strategy document.

An ESRI study for SOLAS maps the FET provision in Ireland in a systematic way, with the objective of identifying the principal features of the sector within both a national and international context. The study found that stakeholders differed somewhat in the relative emphasis they placed on the two objectives of the FET sector, namely meeting labour market needs and countering social exclusion. Of interest to this research is the divided opinion on the role of the FET sector on social inclusion as this is a specific concern for people with poor mental health. Another finding of relevance to this research was reference to the lack of data on FET in Ireland, which was described as poor in comparison to the situation in Denmark, Germany, Australia and Scotland (p.xii).

A recent literature review of European, UK and Irish community education policy, research and practice, demonstrates that community education does not reject the current economic reality but empowers people to grow in confidence in their own employability and engage with the labour market. Community education can provide a vital link for unemployed persons who do not have qualifications on the pathway to future work. As with the question of embedding literacy and numeracy across all FET provision, there is need to gather a more robust evidence base on what works best in the field of community education, particularly in relation to employability, labour market activation and active citizenship.

3.1.4 Specific social groups with poor mental health

Mental Health research highlights mental health for specific vulnerable groups including homeless people. Mental health services support service users to participate in their communities, have social relationships and engage in meaningful activities including education and employment.

Social exclusion is compounded for people who live with a mental health condition alongside another diagnosis or disability such as addiction, intellectual disability, physical or sensory disability. Furthermore, the particular challenges of some minority and marginalised groups such as the homeless, travelling community, asylum seekers and the prison population lead to social exclusion and increased mental health difficulties.

In 2006, there were 179 admissions of people with no fixed abode to psychiatric units and hospitals across the country. In 2013, there were 245 people admitted with no fixed abode, which represents a 37% increase. The Mental Health Reform's research commissioned by NLN also found a specific gap in service provision in relation to people with a dual diagnosis of mental health and substance misuse/alcohol abuse issue; a cohort who currently cannot access rehabilitative training. The research recommended that the needs of such individuals must also be considered in service provision planning.

Mental Health Reform's position paper on ethnic minorities and mental health, 2014, identified the gaps in mental health services in responding to the mental health needs of individuals from ethnic minority groups including the Traveller community. It reports on the lack of specific policy on cultural competency within mental health services; a lack of understanding among professionals of individuals' social and cultural context; and a lack of appropriate language and communication supports.

3.2 Best practice in meeting the educational and recovery needs of people with poor mental health

In addition to a literature and policy review, it was felt that a review of some models of practice was needed. In this regard, two services were contacted and interviewed for the purpose of informing this research. These services included the Recovery College in Mayo; NLN/ NUI Maynooth Student Central; and the Blanchardstown IT / NLN support service.

These services are summarised here with a view to informing the findings and recommendations chapters in this research.

Recovery College, County Mayo

The Recovery College (or Recovery Education Centre) is an initiative that aims to support the existing clinical and therapeutic services through transformative adult learning and narrative inquiry. As described by Perkins, et al. for the Centre for Mental Health, the Recovery College re-frames the supports provided for an individual's recovery into an educational journey, in which the individual participates in 'courses' of their choosing that facilitate their recovery.

A key principle of the Recovery College is co-production – people with self-experience of a mental health condition and mental health professionals work together at every level of the College's planning, delivery and evaluation. Recovery education places transformative and constructivist learning at the service of recovery. Co-production

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and delivery supports learning in the reflexive space between lived experience and professional skill. There is no therapy in the Mayo Recovery College. Rather than therapists, there are tutors and they take on co-teaching rather than expert roles. Courses are open to everyone in the community including people with a mental health condition, carers and family members, mental health staff and staff of other community agencies. Course content may include information about mental health and treatment options, self-management skills, life skills and caring skills.

In an interview for this research, Donal Hoban, the Director of the Recovery College, explained how the college is embedded in the mental health services. He explained further that the college was premised on three factors; high quality clinical work, augmented by peer support and recovery education. He made a clear distinction between conventional standard education courses and recovery education which has a focus on empowerment. Using lived experience and peer support as key elements of the educational experience make recovery education unique from an individual joining a standard, mainstream, adult education course.

Donal Hoban went on to explain how a mental health recovery college has four key recovery tasks: rebuilding beyond diagnosis; acknowledging your diagnosis; control of your predicament; and having a new social role. Recovery education plays the key role in having a new social role as individuals identify as students and adult educators rather than their diagnosis.

The Mayo Recovery College is very much an example of a transitional programme integrated into GMIT and the Recovery College has approx. 250 registered students. Embedding the service within a mainstream service means that service users have an identity beyond their mental health diagnosis and can view themselves as a GMIT student.

Donal explained that the college adheres to the principles of adult education and transformative learning, whereby co production and co delivery are central to the success of the model. In this way, people with a mental health diagnosis co produce and co deliver courses with clinical experts.

NLN Support Service, Blanchardstown IT, County Dublin

Based at the Institute of Technology Blanchardstown since 2003, the National Learning Network's Assessment Service is described as an integral part of the day-to-day services within ITB. The Assessment Service strives to promote students' independence and encourage them to develop the skills to see them through their time in college. These skills range from general study skills to anxiety management, social skills and confidence building. The NLN Assessment Service team include an educational psychologist, assistant psychologist and occupational therapist.

> **Student Central: A new partnership between NLN and the National University of Ireland Maynooth**
>
> Student Central is an academic support programme for students with significant learning needs who are attending a course of study in NUI Maynooth. Students who typically avail of this support include those on the Autism spectrum, Attention Deficit (Hyperactivity) Disorder or mental health conditions such as depression or anxiety. Support is tailored to meet the individual needs of the student, with the objective of improving academic outcomes and working with the student to meet the learning and study demands of his or her course. An NLN Assistant Psychologist works closely with the Maynooth Access Programme to identify the students who need support and offer individually tailored study support on a regular basis. The student, collaboratively with an Assistant Psychologist, develops practical self- management skills and strategies that will assist them in completing college tasks.

3.3   Conclusion

This review of policy and literature has shown a strategic focus on education within mental health policy but the failure of education policy to have an equivalent focus on mental health. Although, it could be assumed that the general focus on disability and hard to reach groups includes people with poor mental health, it is nonetheless a notable disparity at a strategic policy level that could have implications for actions on the ground within the education sector in particular. Models of best practice for people with mental health difficulties and education were also reviewed, which showed that a specific focus on mental health is necessary to make the education model a success.

Chapter 4 – Findings and Discussion

This chapter presents the key findings from the field research, which included interviews and focus groups with service users and service providers. It details the findings according to an established human rights based approach referred to as PANEL, which refers to participation, accountability, non-discrimination, empowerment and legality.

4.1 A human rights approach to integrating care pathways with educational pathways

Exploring the educational needs of mental health service users was undertaken by looking at issues of access, participation and empowerment for individuals. Ensuring access to mainstream community services is a clear goal of social inclusion and integration. Access to mainstream services ensures non-discrimination and participation for people with mental health difficulties in their communities. Yet access must be accompanied by adequate supports to ensure successful participation for individuals. This is also a human rights issue and is directly related to the empowerment of individuals. Upholding legality means having correct policies and procedures in place to ensure non-discrimination and social inclusion for mental health service users. This, in turn, requires clarity around accountability on behalf of both education and mental health service providers.

Therefore, exploring access, successful participation and outcomes within mainstream education services for people with poor mental health, reflects a human rights based approach to providing services that is concerned with participation, accountability, non- discrimination, empowerment and legality [PANEL].

4.1.1 Access and participation:
questions of non-discrimination, participation and empowerment

Although mental health policy identifies education as part of a recovery model and a means of integration into the community for clients, there is a lack of structured support for such policy at an operational level within either the education or mental health services. This was evidenced in discussion with service users and service providers.

The challenge presented in terms of integrating the care/ recovery pathway with an appropriate and timely educational pathway. This means ensuring that people are referred to the right type of service at the right time in their recovery; reflecting the importance of the right time and the right place. Attention to time and place has direct implications for policy and practice related to access and referrals to educational services; successful participation in educational services; and outcomes in terms of mental health recovery, social inclusion and wider community integration for the individual.

Access

Some education providers pointed out that individuals requiring higher levels of support and actively working their way through recovery may have been referred to an education service too early. This was also suggested by a service user who felt he had left the community mental health services prematurely and entered a course that he was not ready for:

> I had started [names course and education institution] and I didn't know if it was the course not suiting me but I just didn't stay and I couldn't talk to anyone , well I could have I suppose but I wouldn't… so maybe I should have waited as now I would speak up more.
> *(Community mental health service user)*

This raised an important issue around the establishment of a referral protocol between the Education Training Board and the Health Service Executive. The referral protocol could be used to explore and address a range of issues related to appropriate referrals to services. This applies to both community mental health teams referring to education services but also the need to explore what agencies can refer to the community mental health services. The need to ensure a contact point within the community mental health services for families managing a loved one with early stage mental health was also evidenced in the interviews with education service providers.

Referrals from family members to education services indicated a need for a similar contact point visible at a community level within the mental health services. Referral here because of mental health becomes a crisis point response and is inappropriate. Early intervention is critical here and the 'detect' programme is an example of an early intervention model.

Knowing what is available and how to access different options is pivotal to supporting someone to access education. This type of knowledge is held by the education providers and this highlights the importance of partnership working for the services:

> It is sometimes hard to know what is out there. That is an area I struggle with as my work is not just employment or education as I also deal with general day-to-day living and functioning and just general community integration so it is hard to stay on top of all that information. I refer people to Catherine Greene (KWETB Adult Guidance Service) as she is on top of what is available. I do provide links to them then on what they can discuss with Catherine but she is the expert.
> *(Mental Health Service Provider).*

The research found that knowing what is available must be balanced with knowing when someone is ready to attend that service or access a course. For example, one interviewee highlighted how, as a mental health service provider, she appreciates getting an opportunity to assess how people are in groups.

> If someone hasn't done anything for a while, it can be very hard to judge where they are at. So you could put someone in the deep end and they do really well or they could find it really tough. Your clinical judgement is that they are capable but mental health is so complex and other issues can arise so trying to get that graded support can be difficult especially when you are not 100% sure what is out there.
> *(Mental Health Service Provider).*

It was also explained as to the effectiveness of group work and group activities as a means to building capacity to re-engage in more mainstream services:

> From my point of view, I'd like to be able to do so much more… for example, seeing people in groups is a great way to see how someone might get on. But I can only run so many groups per year and that would be a good stepping stone … having stepping stones is a useful way of assessing their capacity.
> *(Mental Health Service Provider).*

In addition to supports, interviewees and focus group participants raised significant points about practical concerns like money, public transport and social welfare issues. Here are some examples of comments made throughout the research:

> It's the cost…I don't get any payments as my husband works and I don't have a medical card and I'm sure I could benefit from this or that…but how am I going to pay for it?
> Yeah, I think that's a good place but it has no bus stop and I don't know how I could get there…
> It's all about money and support…even coming here costs money and that can start to build and become a problem and no one thinks of that.
> I don't like using the bus pass because people judge you so I prefer somewhere that I can get to by foot.

Stigma was a recurrent issue in the field research. It was a significant issue discussed in one of the focus groups where the participants talked about how they are treated by people once their mental health becomes an issue. For one young man in the focus group, he explained that this fear of people finding out about him when he has an 'off' day is part of why he is reluctant to return to education or employment. Stigma also featured in interviews with service providers as one mental health service provider explained:

> It goes back to stigma as well as I had a client who I wanted to refer to employability but he didn't want to say anything about his mental health and that was automatically a barrier for him as he is out of work for many years and only getting well in last few months but if he has no structure or routine, this will start to impact on his mental health.
> *(Mental Health Service Provider)*

In addition, an interviewee referring to his own situation explained:

> I don't think I'd like it to be pointed out or known to others. I think maybe a contact person, yeah, but not a programme or something that says to others that I am like this.
> *(Adult Education Service User)*

The research affirmed that integration into the community takes time and needs a social model of recovery more than a medical model that has a time limit on cases and strict criteria for engagement with the mental health services. Successful participation is the next step after access in terms of ensuring that an individual's rights are being met.

Participation

The research found that education service providers put a number of procedures in place to support service users with multiple and/ or diverse needs. These include advising tutors of student needs; discussing the course with individuals and explaining the content; pointing students towards study aids and other educational supports. One service user spoke at length about the importance of the understanding and connection he made with the education provider when he first contacted the service. He explained:

> It was [name] that made it easier for me to start coming here. She said at the start not to just leave if things don't work out but to come and talk to her first and that showed me that she had an understanding. She has said since to me to come and chat if I need to. This has made the difference for me.
> *(Adult Education Participant).*

However, it also became clear that this type of support needs to be structured for some people. For example, one mental health provider gave the following example:

> I had a young guy who I referred into [names education service], he has schizophrenia… he was into craft work and he gave me permission to link with the college…so he started dropping out but I was never notified about it … maybe they didn't know if that was their place and then he started doing nothing and then gradually started getting unwell again…

> Middle-man approach doesn't work unless there is a formal agreement or understanding of what someone can do and can't do…whereas a good example is where I had a young woman in UCD and they had an OT in the University and we were able to touch base all the time and it worked well so we weren't overlapping and yet we were giving supports needed.
> *(Mental Health Service Provider).*

However, the provision of emotional and therapeutic support or clinical support around medication or psychosis is outside the remit and skills of the education provider. Service users also made this clear especially ones that had faced significant barriers when trying to participate in education. This is presented in the following reflections by interview and focus group participants:

> I go up to [names mental health service] for lunch each week and I like looking at the notice board and knowing what is going one. I also need to keep dealing with my condition and, yeah, I need that service as much.
> *(Focus group participant in education service).*

> I still attend [names mental health service] one day a week and I need to keep doing that.
> *(Adult Education Participant).*

> I don't attend a mental health service, I can see my GP whenever I need to and that is my comfort…but no, I don't go often enough and that does hold me back. I feel things like this would be useful to do more, where we can chat in groups.
> *(Focus group participant in education service).*

A case management approach to participation within educational services could prove a useful means of implementing a structured support mechanism for individuals transitioning from mental health services to mainstream community services. This could be especially helpful at times of pressure such as assessment as well as on-going support around attendance and motivation. This was captured by a number of points from service users who had been both successful but also faced barriers in accessing education:

> I started two postgraduate courses in [names third level college] and I had to leave both when my mental health got bad but then there was no way to go back and people don't trust giving you a place when you keep dropping out and they read that about you.

The need for individual support was also noted by an education service provider when dual diagnosis presents:

> The psychologist is such an important resource for our students and this is particularly so for people coping with a dual diagnosis like mental health and addiction.

Case management could be considered with a link worker identified within the community mental health services to sign-post individuals to community education services whilst providing a level of follow-on contact. The individualised aspects of a mental health condition for people means that education services need more than information or training in mental health as the actual one-to-one support required by some individuals demands more clinical training. For this reason, there needs to be a contact point within the community mental health services for education providers accepting referrals. This on-going, more structured support ensures successful participation for people.

Successful participation matters for the individual but also the service provider who also has a duty of care towards others using a service. Where supports were not structured or supportive enough for an individual's needs both the individual and the wider education service were negatively affected by the situation. One service user highlighted barriers to their success and explained this in terms of a wider impact on the service they attended:

> I wouldn't go back now. I just felt it was all wrong and the others knew something was wrong and they were not comfortable so I'd rather wait until I was ready or until there was support that I could be directed to. Like here, where we are all equal and no one is treated different. Well, that was not like that in [names education centre] so it has just put me off.

Successful participation for people could be aided by a transitional-type programme that acknowledges the need to prepare individuals for more mainstream settings. This was suggested by a service user in one of the focus groups:

> More places like this where you can just get used to other people and get used to talking like this in a group.

Preparing an individual for integration into mainstream services ensures that they have successful participation. It is a means of empowering an individual and ensuring that his/ her needs are central to success. This was shown in a number of service user comments:

> I needed the social part of here and that has really helped me.
> I think if you come here [names specialised education provider] first then you have the support you need and you can get ready for going to somewhere like [names institution] but I don't think I could have went straight there …you want to end on a high note and get through the whole course and that may not work if you have a cold start.

Practical supports also came up again regarding participation. Like access to education, issues of money, peer support and transport came up in discussions. One focus group participant made a very good point about resources in this example:

> I left half way through the course, for one thing I didn't have a computer and they wanted everything typed and then it all got too much. I didn't know that when I started the course that I needed a computer. I still don't have a computer.

4.1.2 Outcomes: questions of accountability and legality

A successful outcome for people with mental health difficulties would include both therapeutic and educational outcomes.

Education service providers remarked on how some individuals were engaged in a course that was below their educational capacity but served a different purpose such as social connections and reengagement with a mainstream service. However, it was felt that this scenario can be a barrier to full enjoyment if a person is bored with a course. Some service users evidenced this in their experiences:

> I'd like more things like this. Meeting in groups and chatting about things. That's what I enjoy most here; getting used to people again. I think there is too much focus now on getting things done when really I'm here for the social learning and I sometimes, well to be honest, the class stuff and the repetitive parts are not that enjoyable.
> *(Focus group participant in education service).*

It was also suggested by education providers that progression routes into, and out of, further education need to be considered as part of the continuum of care support. This was explained as the difference between educational supports and emotional supports, which are both needed for successful progression into further education. This was captured in a number of comments by service users in both interviews and focus group discussions:

> My worry is when someone is ready to move on but faces a lack of support in other education settings. If they are no longer connected to the community mental health services then they are very much moving on alone and I'm not sure that this is a good approach to 'progression'.
> *(Education service provider).*

Having a contact point in the education service was seen as a source of support by participants that had faced barriers to participation in further education. This was reiterated by focus group participants and captured in this response by an interviewee:

> I think that would be useful in somewhere like [names education service]. Knowing there is someone there to ring or who, like [names person in current service] understands your situation.
> *(Adult Education Participant).*

Partnerships, and closer working relationships, between the adult education services and the community mental health services seemed to offer the best outcomes for service users. As one education provider explained:

> We have a very good working relationship with the OT and that is great as our support staff can liaise with her. It also means that we are informed if a person is taken off their case lists and that helps in terms of knowing what supports someone needs.

The fact that Government policy is focused on the role of education in recovery for mental health services users, places an onus on mental health and education service providers to ensure that people with mental health difficulties can have equal outcomes to other people using services. One service user captured this issue when commenting on her experience:

> If you are on disability benefit, a lot of the courses available are for people on jobseekers, so they discriminate against people like me , and then the incredible strain you have when you are doing a course and having a bad week or say you are changing medication or get an injection for your meds that makes you tired for a few days, well then that should not mean that you can't do the course as well as the next person, there should be something in place so you can have a few days off, come back and catch up. There has to be someone in charge of that though and I don't think anyone cares enough but here they do so I'll just stay here [laughs].

4.2   Conclusion

The World Health Organisation (WHO) has stated that mental health is an intersectoral issue requiring the involvement of the education, employment, housing and social services sectors, as well as the criminal justice system. Using a human rights and equality framework, this research concludes that supports to access adult education for people with mental health difficulties requires policy and action across a range of social inclusion policy areas.

Partnership and collaboration between adult and community education providers and mental health services is also fundamental to support people with mental health difficulties to participate in education in mainstream settings thereby bridging recovery and social inclusion.

Chapter 5 – Conclusions and Recommendations

This chapter presents a number of policy and practice recommendations based on the research findings:

1) **Develop structured supports, within a wider integration and social inclusion framework, to meet the educational needs and rights of mental health service users.**

Looking at the educational needs of mental health service users adopting a human rights based approach highlighted key issues for service providers related to participation, accountability, non-discrimination, empowerment and legality (PANEL). The supports and barriers identified in this research need to be addressed in the provision of any education service with the desired aim of ensuring equal access, participation and outcomes for people with poor mental health.

The field research has identified a number of necessary supports and barriers that are directly related to wider social inclusion issues for people with poor mental health. These included resource issues and representation and stigma issues. These needs and rights go beyond the expected relational issues that present for people with poor mental health, which refer to emotional, care and psychological needs.

This means that community mental health services and educational services at a strategic level need to be mindful of the intersectional aspect of supports for mental health service users.

A recommendation here is developing a strategic and collaborative approach to realising the rights of people with mental health difficulties that addresses structured supports to inform policy and action at a strategic level. *Table 3* provides a summary of the supports and barriers met by people with mental health difficulties and links these to a wider social inclusion and equality framework.

The left hand side column lists the supports needed to successfully access and participate in education and the centre and right hand side columns connect this support area with actions underpinned by the key tenets of the PANEL human rights based approach to policy and practice.

This table could serve as a useful tool for the development of a transitional education programme (see recommendations below) for people with poor mental health. It could be further developed collaboratively between the community mental health service providers, adult education service providers and service users.

Table 3: Educational and recovery needs of adult learners with mental health difficulties

Rights based approach to education and recovery needs		
Necessary supports/ possible barriers	**Non-discrimination; participation and empowerment**	**Accountability and legality**
Resources Issues and actions related to Income/ employment; social protection; housing and other resources.	Ensuring that people have access to housing supports; income and financial supports; and other practical supports like transport supports. Ensuring that people have access to literacy and other basic education resources (e.g. computers) needed to successfully participate in education.	At a strategic level, the LETB, Dept. of Social Protection, the HSE and other relevant bodies, like the local authority, need to meet the wider economic and social needs of people with poor mental health. Community mental health services need to ensure referrals to services are made at the right time for a person and that needs assessments are comprehensive to ensure successful participation in a course.
Representation Issues and actions related to voice and inclusion of people with mental health difficulties in the design of education supports etc.	Giving people a voice and supporting people to gain confidence to speak out through group work and greater social engagement. Providing access to opportunities for group participation and community engagement.	Education services need to involve people with mental health difficulties in the design of courses and information provision. Education services need to provide opportunities for people with mental health difficulties to comment and evaluate the services being provided.
Respect/recognition Issues and actions related to stigma and how people with mental health difficulties are respected in the community.	Training and awareness raising with staff in education services, community projects and other projects with a social inclusion agenda.	Community mental health services can support people to break down the stigma that surrounds mental health by involving people with mental health difficulties in awareness raising and training for the wider community and for education services.

Rights based approach to education and recovery needs		
Necessary supports/ possible barriers	**Non-discrimination; participation and empowerment**	**Accountability and legality**
Relational Issues and actions related to care and emotional support needs and relationships for people such as the role of family, friends and the community.	On-going partnership between the community mental health services and education services so that incidences like family breakdown and loneliness can be addressed with people as issues are identified rather than becoming a reason someone drops out of a course. The expertise of mental health staff is essential for these wider psychological and emotional support needs. Ensuring that peer support is available.	Ensuring that community structures are in place to support people with mental health difficulties. Here wider community services like community development projects; libraries; sports and recreation groups must be supported to engage people with mental health difficulties. Also training in models like WRAP (Wellness, Recovery and Action Planning) for education services could enhance capacity for people to develop self-management skills.

2) Ensure non-discrimination, participation and empowerment for people with mental health difficulties accessing and participating in adult education.

i. A key aim outlined in the HSE Operational Plan for the Mental Health Division for Community Health Organisation area 6, which covers Wicklow, is to ensure the views of service users, family members and carers are central to the design and delivery of mental health services. A similar aim should inform the integration of people with mental health into the community and education services whereby they are consulted and listened to in relation to what works best for them in terms of supports. This research is one example of how education service providers can involve the voice of people with mental health difficulties in research that will inform service developments in their interests.

ii. The Local Education Training Board and HSE, in partnership, could explore a transitional education programme with a broad range of content, including guidance as well as a recovery aspect to courses. This transitional education programme could be provided in a mainstream setting but tailored to people with mental health until they feel they are ready to access a more mainstream service. Contrary to the policy move for mainstreaming within mental health policy, this research has found a recurrent call for an intermediate step when it comes to education. The Recovery College in Mayo may be a possible model for a similar development in County Wicklow.

This type of programme could play a significant role for those individuals not ready to directly access mainstream education services. In effect, a partnership approach to a transitional programme could be piloted between the education and mental health services with the educational services developing the education content and mental health services developing the emotional/ psychological and care supports aspect. Table 2 has identified a range of supports required for education, including transitional, programmes aimed at preparing adults with mental health difficulties for re-engaging with education.

iii. The need for flexibility was also a recurrent issue for people with mental health difficulties and there is a need for mainstream education services to explore ways in which they could support a more flexible approach for someone with poor mental health. At the moment, the most flexible courses and flexible and supportive set-ups were in specialised services whereas there is a need for mainstream services to replicate such flexibility. This could be achieved through a greater partnership between education service providers and community mental health services. Training and awareness raising regarding mental health could also benefit staff in mainstream education services and enhance their understanding and, in turn, build their capacity to work with people with poor mental health.

iv. Preparing people for participation in education is also a key issue. This means that community mental health services can play a role in preparing people for success in education services by supporting people before they access further education with greater access to group work and group participation, social engagement and developing basic skills.

3) Ensure adequate outcomes by assigning accountability and adhering to legislation and strategic policy.

The question of outcomes for an individual in terms of their therapeutic recovery, community integration and educational success raise key questions at a systems level about responsibility and accountability.

i. At a strategic policy level, there must be a move towards the needs and rights of people with mental health difficulties within the FET policy. Partnership working at a local level between the HSE, LETB and other community development organisations can only be successful if supported by strategic policy directives operating at a systems level.

ii. Practical supports such as finance and social protection measures are critical to ensuring that people can progress through a journey of lifelong learning. Without transport or the ability to afford to attend a centre or course, an individual may be forced to remain at an educational level that he/ she has outgrown. Employment and training schemes that are solely focused on activation and jobseekers means that people on disability payments are effectively discriminated against. This exclusion has a direct impact on their ability to engage in education and their recovery and integration into the community. There is an onus on the HSE to liaise with the statutory and community organisations to ensure that people with mental health difficulties are included in education and training initiatives.

iii. Progression routes for people with mental health difficulties rely on effective partnership working between education providers, at all education levels from community based courses to further education courses, and community mental health services. At a regional level, the LETB in Wicklow could explore the NLN model in Blanchardstown IT or the NLN Student Central model in NUI Maynooth whereby structured supports and assessment supports are available at the colleges for students experiencing poor mental health.

iv. In addition, the relationship between NLN and the access programmes in further education institutions could be modelled by other mainstream education providers when they are working with individuals moving from their institution to another and when it is known that they additional support needs. The contact between institutions at an institutional level has direct impact on outcomes for individuals.

v. The Individual Placement and Support (IPS) model of supported employment for people with mental health difficulties in four sites across the country was rolled out in 2015 on a pilot basis. This type of case management approach could significantly support people with mental health difficulties in accessing and successfully participating in education. This is a model that the BAEN in Wicklow could advocate for with regard to education.

References

Amnesty International Ireland (2010)
The Missing Link: Coordinated Government Action on Mental Health, Dublin: AI

Community Education Facilitators Association (2014)
Community Education and the Labour Activation Challenge; A Literature Review on Community Education in a Context of Labour Market Activation, Employability and Active Citizenship in Ireland and the EU.
Dublin:CEFA

Central Statistics Office (2012)
Census Profile 8 – Our Bill of Health – Health, Disability and Carers in Ireland.
Government of Ireland: 2012

Daly, A. & Walsh, D. (2014)
Activities of Irish Psychiatric Units and Hospitals 2013. Dublin: Health Research Board.

Government of Ireland (2006)
A Vision for Change – Report of the Expert Working Group on Mental Health Policy.
Dublin: Stationary Office

Mental Health Reform (2013)
Final Report to National Learning Network: Research into the Value of Rehabilitative and Vocational Training and Support Services for People with Mental Health Issues', unpublished research report.

Mental Health Reform (2014)
Ethnic Minorities and Mental Health: A Position Paper. Dublin: MHR.

McGuinness, S., Bergin, A., Kelly, E., Mc Coy, S., Smyth, E., Whelan, A. and Banks, J. (2014)
Further Education and Training in Ireland: Past, Present and Future.
Dublin: ESRI

Rooney (2010)
Adult Education and Mental Health Recovery. PhD thesis.
National University of Ireland Maynooth.

Watson, D., Kingston, G. and McGinnity, F. (2012)
Disability in the Irish Labour Market: Evidence from the QNHS Equality Module.
Dublin: Equality Authority/Economic and Social Research Institute.

Appendices (available on request)

1. Information leaflet for research participants

2. Consent form participants

3. Semi-structured interview questions