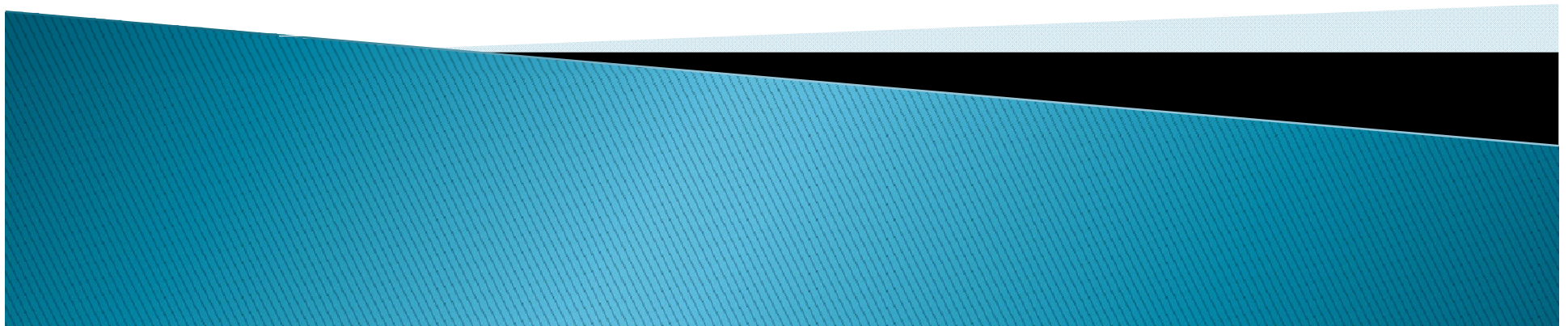


An Emilia survey of academics' and practitioners' professional views on lifelong learning policy and practice and mental health in eight European countries

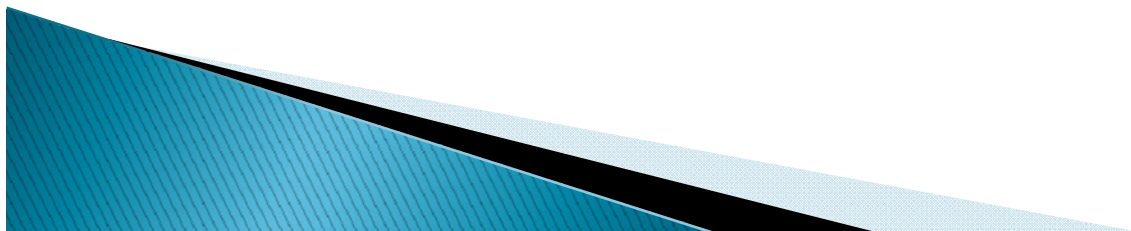
James Ogunleye Middlesex University, UK

**Lifelong Learning & Empowerment in Mental Health
Conference, 11–12 February 2010, Paris, France**



Outline

- ▶ About the Emilia Project
- ▶ Data collection methods/instruments
- ▶ Policy context of lifelong learning in Europe
- ▶ Conceptions of lifelong learning
- ▶ Summary of tentative findings (I) – from the review of literature of review and the analysis of lifelong learning policy documents
- ▶ Summary of tentative findings (II) – from questionnaire survey
- ▶ Concluding remarks



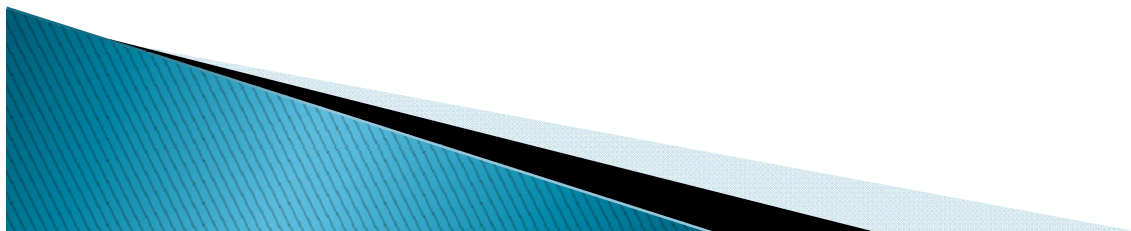
About the Emilia Project –in brief

- ▶ Emilia – Empowerment of mental illness service users: lifelong learning, integration and empowerment – is a framework 6 research and intervention project, funded at 3.4 million over a four and half year period, from September 2005 to February 2010.
- ▶ It is the European Union's largest ever funded research and intervention project on lifelong learning/social inclusion and mental health – with [originally]16 partners in 13 European countries; two partner countries – Norway and Bosnia and Herzegovina – is outside the European Union Region.



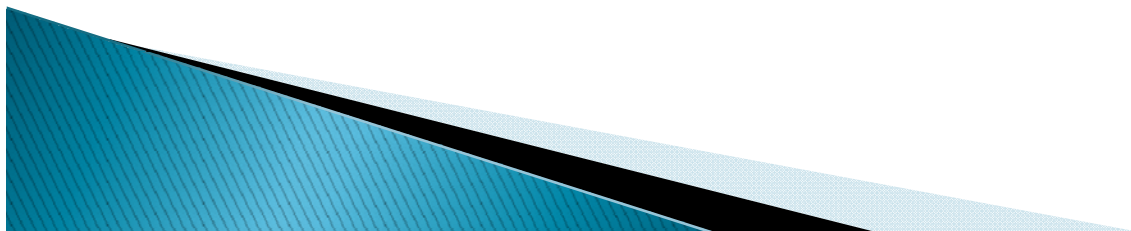
Research methods/data collection instruments

- ▶ Survey of literature
- ▶ Lifelong learning & policy document analysis
- ▶ Questionnaire survey to demonstration sites (case study countries) across Europe: United Kingdom, Spain, Greece, Denmark, Norway, Bosnia & Herzegovina, France and Poland.



Policy context of lifelong learning in Europe

- ▶ Lifelong learning ‘at the heart’ of policy debates and discourses on community cohesion, citizenship and social inclusion.



Policy context of lifelong learning in Europe

Lifelong learning, social inclusion and the empowerment of mental health service users

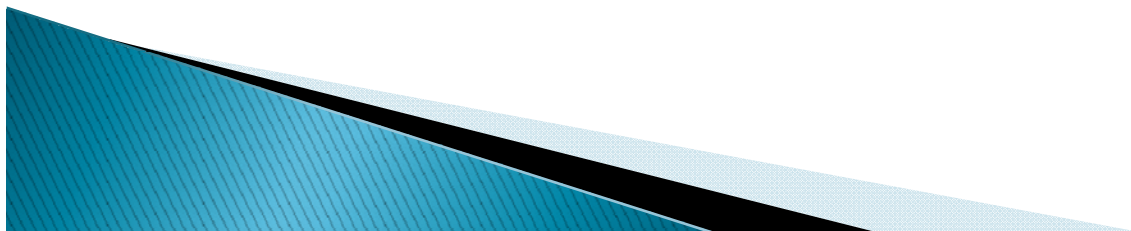
- ▶ Studies such as Stenfors–Hayes et al (2008), Griffiths, 2009; Ogunleye (2009a; 2009b; 2010 (in press), etc have highlighted the increasing use of lifelong learning *intervention* – such as Emilia training – as a means for achieving the social inclusion of people with or recovering from severe mental illness.



Policy context of lifelong learning in Europe

Lifelong learning and mental well-being

- ▶ Aldridge and Lavender (2000), Griffiths and Ryan (2008), Halford-Letchfield (2009), Ogunleye and Kaunonen (in press), etc have also demonstrated the interrelatedness of lifelong learning and recovery.



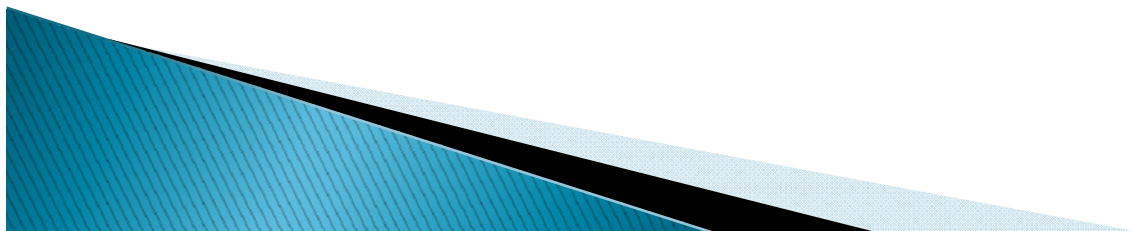
Conceptions of lifelong learning

Lifelong learning

- ▶ Learning activity undertaken throughout life.

The emphasis in this definition is *learning* which is:

- ▶ undertaken for personal or professional reasons or both,
- ▶ takes different forms, and which
- ▶ takes place in varied contexts.



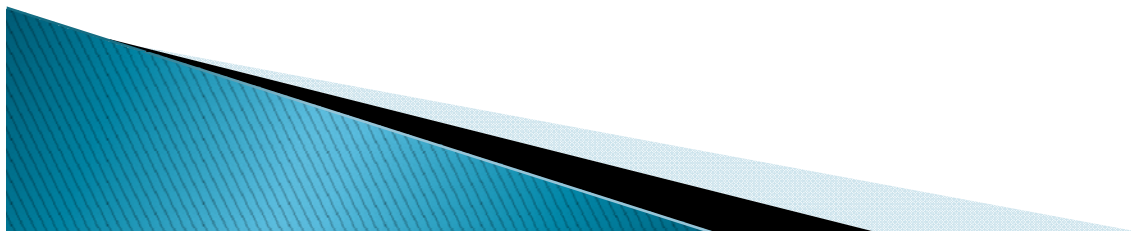
Lifelong learning – some definitions

Lifelong learning

- ▶ ‘All learning activity undertaken throughout life, with the aim of improving knowledge, skills and competence, within a personal, civic, social and/or employment-related perspective’ (Com, 2001).

Notice keywords in this definition:

- ▶ knowledge, skills, competence, personal, civic, social, employment-related



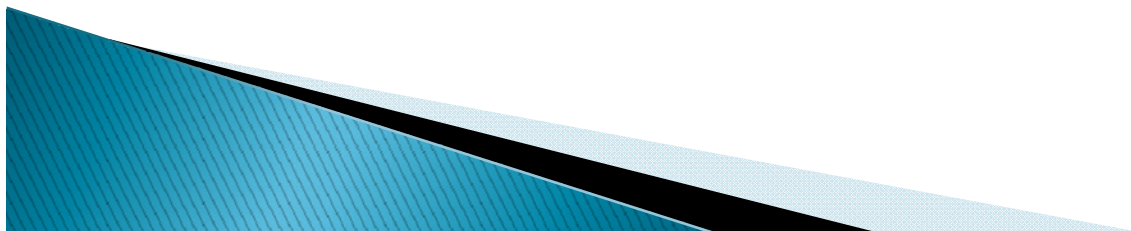
Lifelong learning – some definitions

Lifelong learning

- ▶ Is ‘about personal fulfilment and enterprise; employment and adaptability; active citizenship and social inclusion’ (UK – The Scottish Government, 2003).

Notice keywords in this definition:

- ▶ personal fulfilment, enterprise, employment, adaptability, citizenship, social inclusion



Lifelong learning – summary from the review of literature

- ▶ One conclusion from the literature is that although the EU, as indeed most Member States, predicates lifelong learning policy largely on economic factors – i.e. on economic growth and jobs – tackling exclusion [social inclusion] remains central to national policy agenda on lifelong learning.
- ▶ Holford (2008a) and (2008b) came to the same conclusion.



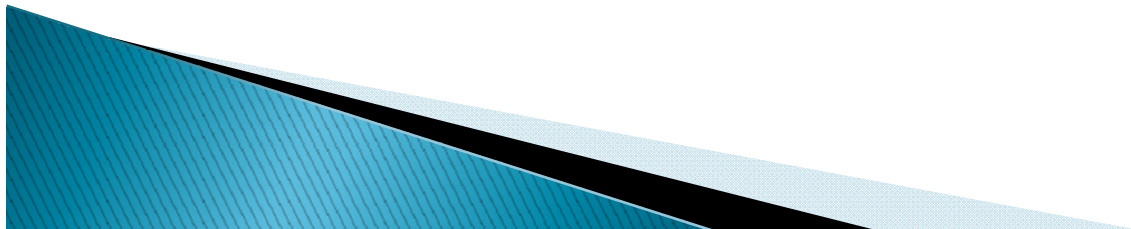
Summary of findings – from the survey of literature

- ▶ At **policy** level, we found that each country has a legal framework for lifelong learning, which accords with the instruments of the so-called Lisbon and Copenhagen processes.
- ▶ ... but there are disparities between countries in the implementation of lifelong learning policy – disparities that are clearly due to individual country's history and tradition, culture, resource availability, and other factors.



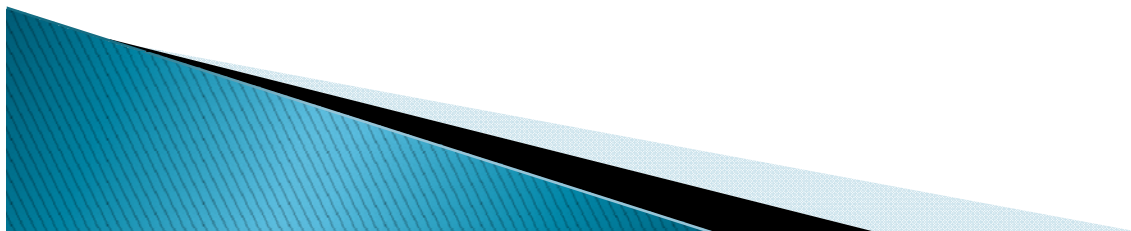
Summary of findings – from the survey of literature

- ▶ At **policy** level, there is a paucity of lifelong learning policy that is tailored to the needs of mental health service users...
- ▶ national policy on lifelong learning is overarching or, in many respects, all-encompassing



Summary of findings – from the survey of literature

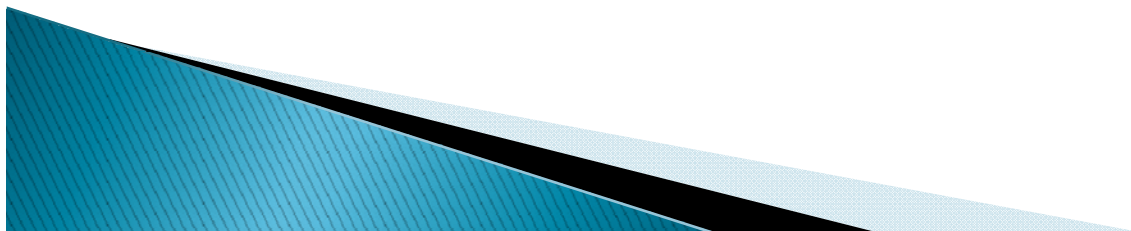
- ▶ there is an implicit policy assumption that disadvantaged groups such as mental health service users are adequately catered for in the general policy framework for lifelong learning education and training.



Summary of findings – from the survey of literature

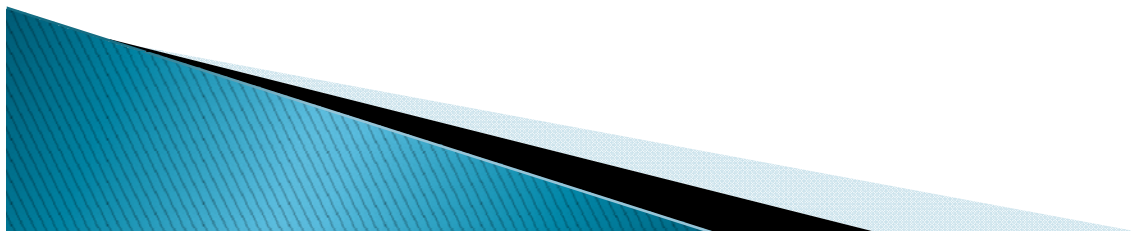
At **practice** level ...

- ▶ lifelong learning provisions/courses for mental health service users across the eight countries surveyed reflect in varying degree the EU emphasis on re-integration and on tackling social exclusion.



Summary of findings – from the survey of literature

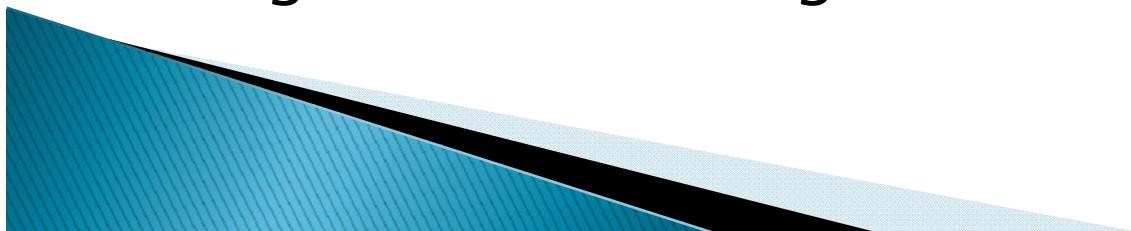
- ▶ ... for example, there are varied opportunities for service users to attend lifelong learning courses either as part of psycho-educational training relevant to their illness, or to acquire basic skills, or to upgrade; in one or two countries, there are **entrepreneurial courses** that are targeted at service users who might want to go into self-employment or who might want to set up social firms.



Summary of findings – from the questionnaire survey

Factors **facilitating** the take-up of lifelong learning courses among mental health service users:

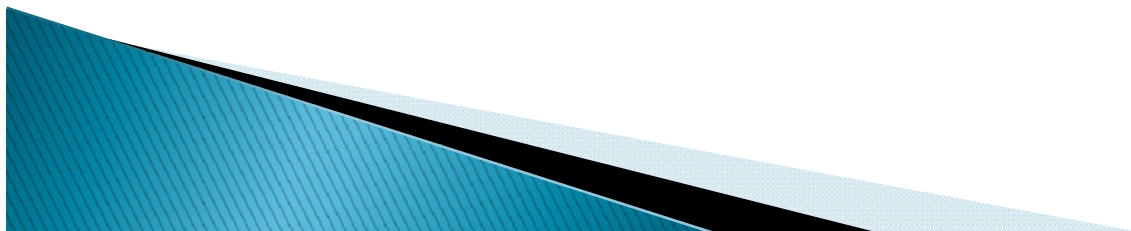
- ▶ Readily available courses
- ▶ Increased user involvement at all levels
- ▶ A general wellbeing



Summary of findings – from the questionnaire survey

Factors **facilitating** the take-up of lifelong

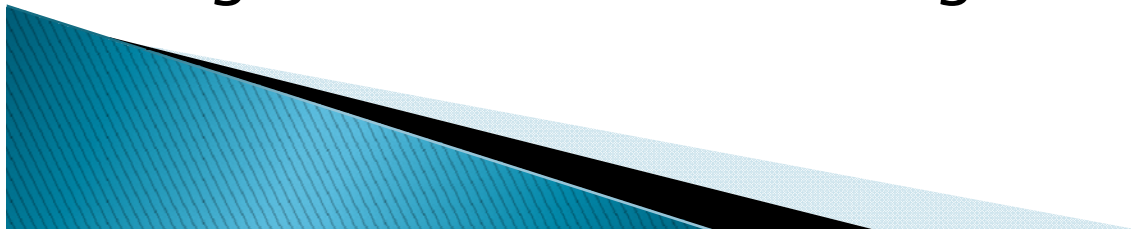
- ▶ Financial resources (e.g. the availability of the European Social Funds)
- ▶ Improved standards of living



Summary of findings – from the questionnaire survey

Factors **facilitating** the take-up of lifelong

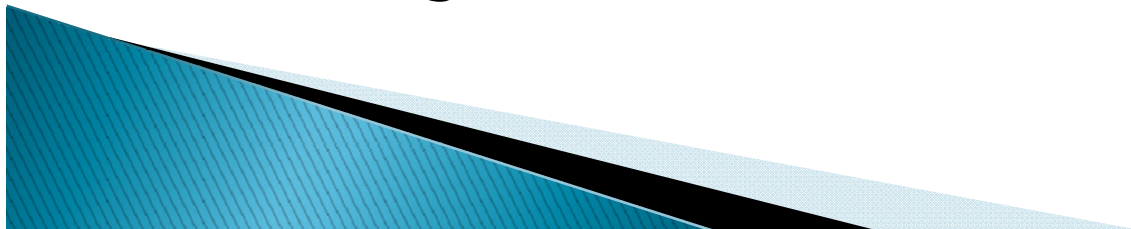
- ▶ Self-confidence/‘prestige’.
- ▶ Better access to lifelong learning courses or improved local provision.
- ▶ Financial support from both local and national government for lifelong learning provision.



Summary of findings – from the questionnaire survey

Factors **facilitating** the take-up of lifelong

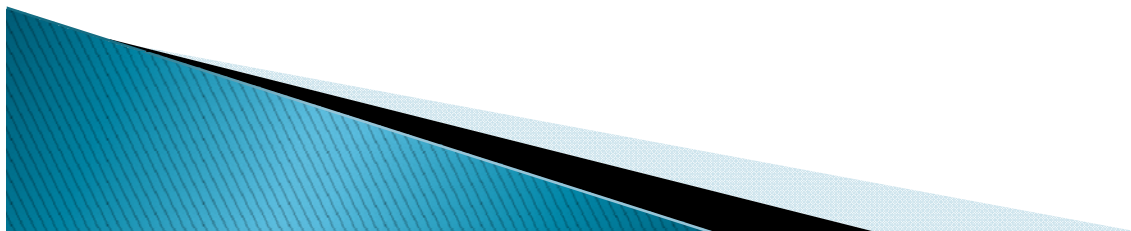
- ▶ National efforts to provide access to lifelong learning.
- ▶ Expected financial gains.
- ▶ Internet access – that makes distance/online learning more accessible.



Summary of findings – from the questionnaire survey

Factors **facilitating** the take-up of lifelong

- ▶ Personal interest and the need to acquire or to develop new skills.
- ▶ Work reasons – a requirement by employers to get certain courses accredited.
- ▶ Rights of individual to attend training courses and to training leave.



Summary of findings – from the questionnaire survey

Factors **impeding** the take-up of lifelong learning courses among service users:

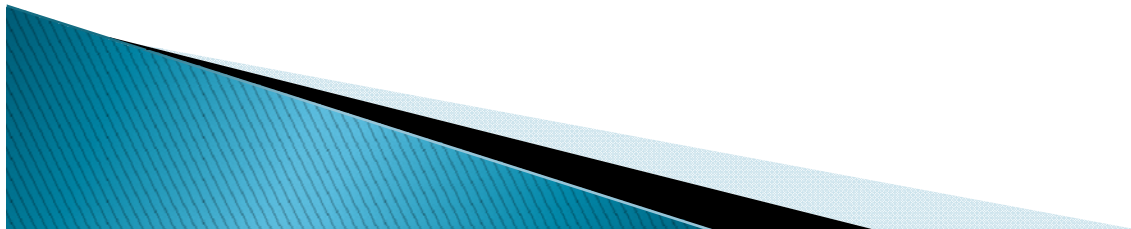
- ▶ Staff attitude – ‘they don’t always seem to think it [engaging mental health service users in lifelong learning] will get anywhere.’
- ▶ Lack of continuity in service – for example between treatment, rehabilitation, training support, etc.



Summary of findings – from the questionnaire survey

Factors **impeding** ...

- ▶ Lack of motivation and self-confident.
- ▶ Lack of ‘wide-spread’ information/ or inadequate awareness.



Summary of findings – from the questionnaire survey

Factors **impeding** ...

- ▶ Economic/financial reasons – cost of/charges for lifelong learning courses, transportation costs, cost of books and other learning materials, computer, internet access, etc.
- ▶ Health reasons – fear of relapse, ‘fear of not being able to finish’ the course due to health reasons, anxiety about stigma and discrimination, etc.



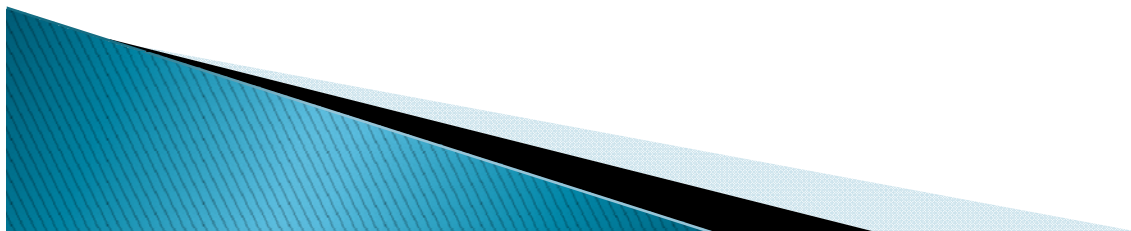
Some conclusions

- ▶ There is empirically-supported evidence (also supported by the practitioners' views) that lifelong learning is an important facet of cultural/national life in Europe.
- ▶ There is also evidence (again supported by the practitioners' views) that mental health service users are engaging in lifelong learning as provided by individual local/regional or national governments.



Some conclusions

- ▶ Expectedly, there are differences in the factors that have encouraged or facilitated the take up of lifelong learning among the general population and among mental health service users...
- ▶ but ... what is noticeable that the same or similar factors (as above) apply to service users in half of the EMILIA demonstration site countries.



Some conclusions

Further studies ...

- ▶ further investigations are still needed – for example to ascertain the effectiveness of ‘mainstream model’ of lifelong learning provision as applied to mental health service users and the extent to which the success of such approach in certain countries – e.g. Bosnia and Herzegovina, Greece, Spain, Poland and the UK can be duplicated or adopted more widely.



And finally

Final thought ...

- ▶ It can be said that lifelong learning courses or programmes such as the Emilia training intervention for mental health service users, if sustained and indeed extended, holds promise for the future.

