

LIFELONG LEARNING FOR USERS OF MENTAL HEALTH
SERVICES: THE EMILIA PROJECT

Issues Arising from the EMILIA Research

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Topic of the presentation

- To discuss about the main results of EMILIA study from the perspective of the participant mental health service users
 - to tell the story of EMILIA during the 20 month follow up period or
 - What did it mean to be a EMILIA study participant

AIMS

- This EU funded project has explored the use of lifelong learning as a means of achieving social inclusion of mental health service users.
- The overall aim of the project has been to reduce social exclusion in people with serious mental illness through lifelong learning.

Hypothesis

- Lifelong learning will increase the number of people with serious and enduring mental illness, who are in employment, compared to the previous year
 - Increase the number of days people are in employment
 - Increase the number of days people are in education or training
 - Improve their quality of life



Who is EMILIA?

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EMILIA

- At the beginning of the story she
 - was age 18 or older
 - without a paid job
 - had serious and enduring mental illness (psychosis (e.g schizophrenia F20); bi-polar affective disorder (F31))
 - had at least 3 years contact with mental health services
- But was:
 - not having dementia
 - not having a learning disability

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EMILIA is living

in Paris, France
in Tusla, Bosnia-
Herzegovina
in Sjalland, Denmark
in London, England
in Athens, Greece
in Warsaw, Poland
in Barcelona, Spain
or in Bodø, Norway



Who is EMILIA?

- One of the 206 people who participated in the EMILIA training and follow up study answering to the questionnaires, self-reports and was possible being interviewed
 - 1) before the training,
 - 2) at 10 month and
 - 3) at 20 month follow up point.

DATA COLLECTION in EMILIA research

MEASURE	Baseline	10 month	20 month
CSSRI-EU (adapted)	X	X	X
SF36	X	X	X
Documentation data	X	X	X
Staff meeting observation	X	X	X
Focus group	X	X	X
Key user interviews	X	X	X
User self reporting	X	X	

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Data analysis

- statistical methods
- qualitative content analysis or thematic analysis
- methodological triangulation

EMILIA / EMIL

- at baseline 48 % were Emilias and 52 % Emils; the percentage of Emilias decreased to 44% in 20 months time
- variation between countries: in France 93% and in Bosnia 80% males when in Denmark only 25%
- Mean age of Emilia 43 years and Emil 40 years

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Results of the study

- Mental health related quality of life increased from baseline to 20 month follow up ($M=34.25$ vs $M=34.96$) however the change was not statistically significant
- Physical health related quality of life from baseline ($M=48.56$) to a 20 month follow-up point ($M=48.46$) remained similar

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Employment

- Paid employment increased from 7% to 14%
- Voluntary employment increased from 11% to 14%
- Finding a job continued to be a main goal for many participants (40%), or completion of the studies or undertake more training

Financial situation

- The results indicated a significant increase in income from baseline ($M=765.45$, $SD=515.92$) to a 20 month follow-up point ($M=912.7$, $SD=592.18$)
- In self-reports one fifth indicated improvement in their housing situation and 16% in their financial situation
- at baseline 87% received state benefits

Hospital Admission

- The mean number of days of admission to psychiatric hospital at baseline was 14 when at 20 month time it was 7 days
- But mental ill health and physical ill health were amongst the areas that have not gone well according to the self reporting

The story behind the numbers

- Expectations in the beginning:
 - learning, improved employment and socializing
- Experiences:
 - empowering impact of EMILIA* when helped to find own strenghts; to take more responsibility of own care; to be heard and have a voice; to be treated as equals

* EMILIA refers to service uses, both

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female and male

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EMILIA's view on social inclusion

- involvement in work and meaningful activities improved during the follow up period
- interest in working in mental health field
- willingness to build social networks, but some difficulties in family relationships remained

EMILIA's view on social inclusion, 2

- according to the EMILIAs support is needed for achieving goals; finding a job;
- support was seen important for the well-being; main supporters were family, friends, community, peers and professionals; but problems with social network still existed

EMILIA's view on well-being

- experiences of improved quality of life were reported
- service users indicated that their self-confidence was improved
- mental and physical health were recognized to be areas that EMILIAAs wanted to improve as well as the ways of life and self-image

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Barriers in EMILIA's life

- mental illness had a negative impact on both social inclusion and well-being; it had an effect of concentration
- EMILIA's perceived negative attitudes and prejudices towards mentally ill
- Stigma and barriers in society remained;
- difficulties in family or other close relationship existed

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The story behind dropping out from the study

- At the baseline 206 and at 20 month 106 (98)
 - positive reasons 10%
 - losing contact 25%
 - did not want to participate in the study although participated training 20%
 - did not meet the criteria (no training) 27%
 - relapse in illness 10%
 - other illness or death 8%

Conclusion

- the numbers do indicate some changes, but even if they are not statistically significant we need to see behind them and also look for the experiences, what difference the project made in EMILIA's or EMILs life

Conclusion

- “the most important thing is to get people out from their homes, away from musing their illness, shame ... to get them to learn something new, to hear something new...” (service user in an interview)

