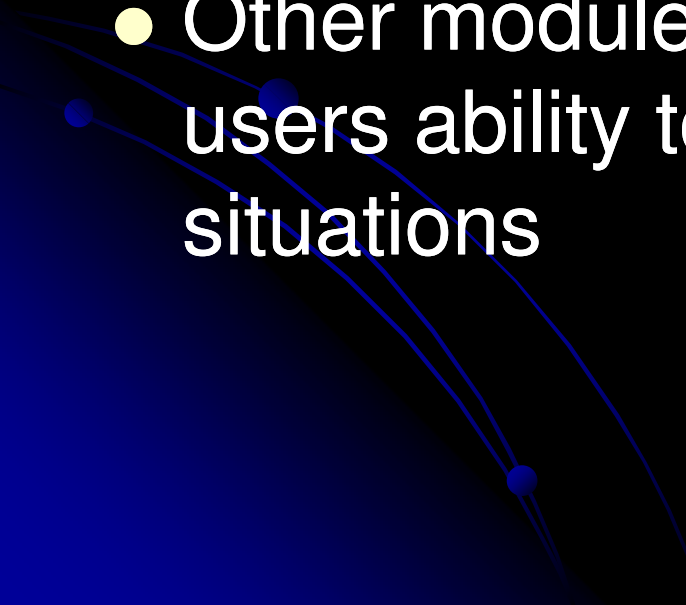


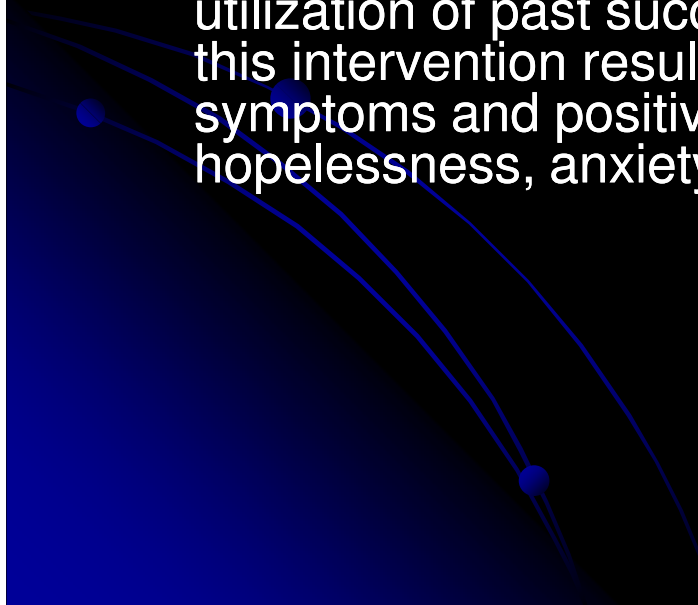
Life Long Learning: Applications and Benefits for Mental Health Service Users

Presented by:
Christopher Griffiths

Learning modules

- Many of the modules will have psychoeducational content
 - Some modules will provide skills and knowledge necessary for employment
 - Other modules will increase a service users ability to cope with work and social situations
- 

Potential benefits of EMILIA's learning nodules

- Mowbray & Megivern (1999) found that an educational intervention with topics such as managing the academic environment, stress management, and developing career choices resulted in increased quality of life, self-esteem, social adjustment, optimal goal setting, and further college vocational training participation.
 - Klausner et al. (1998) utilised an educational intervention model that employed individualized goal formulation, psychoeducation, and skills training in the areas of anxiety management, cognitive restructuring, individualized behavioural assignments, and the utilization of past success to guide achievement. They found that this intervention resulted in a significant reduction in depressive symptoms and positive improvements in measures of hope, hopelessness, anxiety, and social functioning.
- 

Schizophrenia and educational interventions

- Ascher-Svanum & Whitesel (1999, p. 297) conducted a literature review and found that individuals suffering from schizophrenia who had taken part in an educational intervention gained benefits that included: “improved compliance with the medication regimen, lower relapse rate, longer participation in aftercare programs, improved social functioning and quality of life, decreased negative symptoms, improved insight into illness, improved skills acquisition, improved attitudes toward medication intake, and a better understanding of mental illness.”

Benefits derived from psychoeducational content

- Michalak et al. (2005) found that psychoeducation targeted at bipolar disorder participants resulted in significantly improved quality of life in terms of physical functioning and general life satisfaction
- Dowrick et al.'s (2000) found that psychoeducation targeted at those with major depressive disorder resulted in a reduction in the number of participants meeting a diagnosis of depression, a reduction in depressive symptoms, and improved subjective functioning.
- In Hogarty et al.'s (2004) study, outpatients who met a diagnosis of schizophrenia or schizoaffective disorder underwent enriched supportive therapy (EST). EST fosters illness management through applied cognitive coping strategies, stress management, social cognition strategies, skills training, and education. They found that EST can have positive effects on neurocognition, cognitive style, social cognition, and social adjustment.

Further evidence

- Hammond's (2004) research found that lifelong learning can have a positive effect on health outcomes such as well-being, protection and recovery from mental health difficulties, and the capacity to cope with circumstances such as onset and progression of chronic illness and disability.
- In addition, the findings from Preston & Hammond's (2003) study showed that further education can result in improvements in self-esteem, self-efficacy, and the development of social networks.

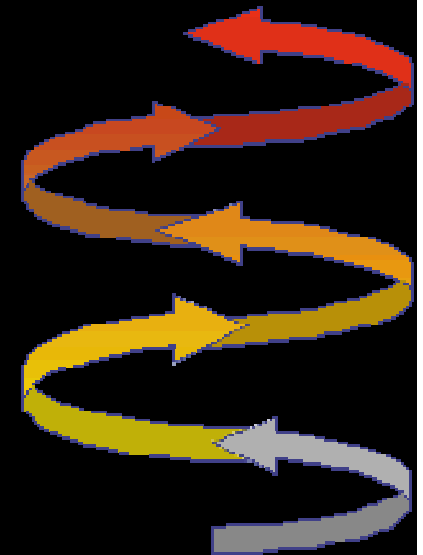
Empowerment

- The National Institute of Adult Continuing Education (NIACE, 2004) stated that lifelong learning programmes can empower service users to make informed decisions about their own needs and wishes, and their control over their lives can steadily grow.
- This empowerment can allow service users to collaborate more with their healthcare providers in both their treatment and rehabilitation.
- Empowerment through lifelong learning programmes is an important factor in increasing service user's wider social inclusion.



Interaction between lifelong learning and social inclusion

- Participation in lifelong learning can enable a person to become more socially included
- Social inclusion can allow a person to have greater access to lifelong learning opportunities
- Positive cycle between social inclusion and lifelong learning



Comprehensive treatment approach

- The findings described here are part of an increasing body of research evidence showing lifelong learning to be effective an component in a comprehensive treatment approach to serious mental illness (Landsverk & Kane, 1998).
- However, for lifelong learning to achieve the desired results it must match the interests, strengths and needs of the learner (Hammond, 2004).
- It is also important that lifelong learning provision for service users is well funded and resourced on a long term basis (James, 2005).

Summary:

- Lifelong learning can enable service users to be less marginalised, fulfil their goals, gain life meaning, feel more empowered, have a higher quality of life, widen their social network, improve their employment prospects, and enable them to be a valuable member of, and contributor to society.
- Promote a greater understanding of mental illness within the public at large, and reduce the stigma and discrimination associated with it.

Findings: Current lifelong learning provision for service users

1. No European wide coordinated lifelong learning of any type specifically for service users.
2. A lack of co-ordinated national systems of lifelong learning for service users in all of the eight countries.
3. No European or national standards for psychoeducation
4. Countries varied greatly as to their focus and provision of skills training for returning to work.
5. Only Denmark and the UK reported having courses for mental health service users that enable them to teach and train other service users.
6. Only the UK reported having courses for mental health service users to become trainers of those professionals who deal with people with mental health problems (e.g., nurses, police, and immigration services).

Suggestions: Improving lifelong learning provision

1. Prospective learners need effective advice as to what courses will allow them to achieve their ambitions, and what courses are appropriate for their level of ability and progression.
2. Prospective learners need to be empowered and given the freedom to be allowed to decide whether to take on the risks associated with participating in formal learning (this process can form part of their recovery).
3. For a service user to be a successful learner there needs to be ongoing assessment of their needs, preferences and progress.
4. Ultimately, what is needed is an integrated system whereby people who come in contact with mental health services are automatically assessed as to their learning needs and preferences, and are offered appropriate embedded lifelong learning.

References

- Ascher-Svanum, H. & Whitesel, J. (1999). A randomized controlled study of two styles of group patient education about schizophrenia. *Psychiatric Services*, 50, 926-930.
- Dowrick, C., Dunn, G., Ayuso-Mateos, J. L., et al. (2000). Problem solving treatment and group psychoeducation for depression: multicentre randomised controlled trial. *British Medical Journal*, 321, 1450-4.
- Goldman, C.R., (1998), Toward a definition of psychoeducation, *Hospital and Community Psychiatry*, 39, 666-667.
- Hammond, C. (2004). Impacts of lifelong learning upon emotional resilience, psychological and mental health: Fieldwork evidence. *Oxford Review of Education*, 30, 551 – 568.
- Hogarty, G. E., Flesher, S., Ulrich, R., Carter, M., Greenwald, D., Pogue-Geile, M., Kechavan, M., Cooley, S., DiBarry, A. L. & Garrett, A. (2004). Cognitive enhancement therapy for schizophrenia: effects of a 2-Year randomized trial on cognition and behavior. *Archives of General Psychiatry*, 61, 866-876.
- James, K., (2005), *NIACE briefing sheet: Learning and skills for people with mental health difficulties*. National Institute of Adult Continuing Education. (Leicester: UK).
- Kopelowicz, A. & Liberman, R. P. (2003). Integration of care: integrating treatment with rehabilitation for persons with major mental illnesses. *Psychiatric Services*, 54, 1491-1498.
- Landsverk, S. S. & Kane, C. F., (1998), Antonovsky's sense of coherence: Theoretical basis of psychoeducation in schizophrenia. *Issues in Mental Health Nursing*, 19, 419-431.
- Michalak, E. E., Yatham, L. N., Wan, D. & Lam, R. W. (2005). Perceived quality of life in patients with bipolar disorder. Does group psychoeducation have an impact? *Canadian Journal of Psychiatry*, 50, 96-100.
- Mowbray, C. T. & Megivern, D. (1999). Higher education and rehabilitation for people with psychiatric disabilities - statistical data included. *Journal of Rehabilitation*, Oct-Dec. Retrieved 10th March 2006 from http://www.findarticles.com/p/articles/mi_m0825/is_4_65/ai_58575809
- NIACE, (2004), *Briefing sheet: Learning and skills for people with mental health difficulties*. National Institute of Adult Continuing Education. Retrieved 12th July 2006 from http://www.niace.org.uk/information/Briefing_sheets/Young_Adults_MHD.htm
- Preston J. & Hammond C., (2003), Practitioner views on the wider benefits of further education. *Journal of Further and Higher Education*, 27, 211-222.

End of presentation

