The LSC’s new consultation to refresh its national mental health strategy represents real progress and a positive challenge to much else that is written about meeting the needs of learners with mental health difficulties, writes CATINA BARRETT

As a mental health project officer my work is underpinned by a belief that people who have mental health problems are as intelligent, talented and creative as anyone else, and deserve opportunities to reach their full potential. In my work on the NIACE/NIMHE (part of CSIP)/LSC partnership programme I actively seek to persuade partner agencies across different sectors that the further education system is continuously reflecting on and improving the opportunities it offers to support individuals in achieving their potential. I am always hoping and looking to see this reflected in conversations with learning and skills practitioners and policymakers and in policy documents, good-practice guidelines, case studies and learners’ stories. Sometimes it is there and I find myself humbled, inspired and challenged to think differently in response to new ideas and opportunities. Sometimes it is missing, creating dissonance and tension, both for the work of the partnership programme and for me personally in terms of the values that underpin my practice.

Despite many examples of excellent practice by learning providers there is less consistent evidence that we continuously update our vision to look beyond what we currently see and know to promote more positive recovery-focused images of this group of learners – images and expectations that reflect difference and diversity among people’s mental health problems on their learning experiences or that the positive things people might also bring to their learning experiences or that the barriers and difficulties they might face might have nothing to do with their mental health and might be more about the future education system and how it works.

And I felt guilty because if I had read the briefing sheet, say, five years ago I might have nodded in agreement. But this isn’t five years ago. We now know that it is the social stigma of having a mental health condition and the impact that this has on self-confidence that causes people the most difficulty in all sorts of situations. We also know that when learners have positive learning experiences there are wider benefits for their mental health. Too often, it is our lack of aspiration and positive expectations that hold people back. When we speak of ‘mental health difficulties’ in the further education system we are speaking of the difficulties people often face in being able to access and get the right support to succeed in their learning as much as any mental health problem they may have.

I do not wish to deny either the very real emotional distress that many people experience as a result of mental health problems or their need for learning support. Neither do I want to distract us from working to tackle inequalities and focusing on ensuring that we meet the needs of those people who are the furthest away from access to and success in learning and skills. But where, I wondered, was the understanding that experiencing mental health problems isn’t necessarily an entirely negative matter? Where was the acknowledgement that some people would not want to be without some of their symptoms or the personal insights and strengths that emerge as a result of their individual and shared experiences of mental health problems? Most of all, I wondered, why is it that we seem to forget the impact...
and wider benefits of good learning experiences on learners’ mental health and on their learning and recovery journeys.

The reality is that the effects of both mental ill-health and the associated stigma and discrimination mean that some learners may need long-term support, some intermittent support and others short-term support, perhaps just at the beginning of their learning journey. A few learners will need intensive, regular and sustained encouragement, one-to-one support and referral to, or continued support from, external services and agencies in order to succeed in learning. Some may need intermittent support in times of personal difficulty or crisis. Others may simply need practical or equipment support (for example, with note taking) or to be supported to negotiate flexibilities or reasonable adjustments (for example, in relation to the length of time it takes to complete a course). Many will have no additional learning support needs and some will just excel in their learning and never look back. The common denominator is that, like all learners, they need to trust that they will not be discriminated against and know how and where to access information, advice and support quickly if the need for it arises.

Recognising the need to improve awareness of mental health and raise the expectations teaching and learning staff have of learners who have mental health problems is an essential part of how we equip them to enable this group of learners to succeed in their learning. Identity is multi-faceted for many of us and this applies equally to people who have mental health problems. Practitioners are best supported in terms of confidence and understanding if the particular experiences of vulnerable groups are made visible as part of a whole picture and better ways are found to understand and weave complexity and difference throughout our policies and practice. The published literature, research and policy documents on mental health and learning need to recognise and explore these issues without becoming tokenistic, formulaic or incomprehensible.

Legacy document

By contrast, at the end of September I attended the NIACE Annual Disability Conference. In the morning, the LSC launched the consultation on its National Mental Health Strategy Refresh, This is a legacy document for the LSC. It is intended to ensure that the LSC’s commitment to prioritising this group of learners will not be lost when the new Young People’s Learning Agency and the Skills Funding Agency assume their responsibilities as a result of the Machinery of Government changes for the sector.

The strategy represents real progression from the LSC’s first mental health strategy, Improving services for people with mental health difficulties, published in 2006, and is a testament to the commitment and hard work of people, both within and outwith the LSC, who have advocated for the needs of this group of learners.

It is a step forward in terms of the LSC’s commitment to and understanding of how it can ensure that the further education system will offer better opportunities to people who experience difficulties in accessing and succeeding in learning because of their mental health. It addresses the need for current and future mainstream provision (like the careers and advancement service, the stigma and discrimination associated with mental illness and to develop a culture that promotes and is positive about everyone’s mental health. Becoming an exemplary employer around mental health offers business benefits and can be key to enabling a learning organisation to provide an exemplary service to learners. Second, the consultation document offers a strong and rather brave commitment to meaningful learner involvement.

The LSC’s National Mental Health Strategy Refresh was published in September 2008. The consultation document is part of the process the LSC is undertaking to refresh its National Mental Health Strategy, Improving Services to People with Mental Health Difficulties (LSC, 2006). The refreshed strategy will set out the LSC’s vision of learning and skills provision for people with mental health difficulties up to 2015.

The consultation period runs to 19 December 2008. The final strategy and implementation plan are due for publication in February 2009.

The National Mental Health Strategy Refresh can be downloaded from:

To achieve our vision, we must lead by example. In 2007 the LSC National Office signed up to be a Mindful Employer and through our commitment want to ensure that we are an exemplary employer in the recruitment and retention of people with mental health difficulties within our own workforce … We believe that one of the most potent ways we can achieve broader economic participation by people with mental health problems is by practising what we preach.

Probably one of the most effective things learning providers can do to support all learners and staff (not just those who have experience of mental health problems) is to take action at an organisational level to tackle
their interactions with learners. Personal experience has made many mental health service users very astute at picking up on and responding to (and being able to describe) the intangibles in relationships that have made a difference for them. This made me think about the ambitions in the mental health strategy for learner involvement and whether, eventually, we might be able to envisage ways in which we will be able to explore what it is that learners can teach us in the FE system about ourselves in return.

William's description of the differences in how learners make sense of their success or failure in learning was poignant. Although he described gender differences in particular I couldn't help but see how often the real support that learners with mental health difficulties need in learning is support to be able to move from attributing their learning to external stable influences (nothing I can do about it) to being able to 'attribute both failures and success to internal unstable causes (i.e. it's down to me, and I can do something about it)' and to see their 'ability' to learn as 'incremental rather than fixed (by working at something I will get smarter)'. As William spoke, I could almost hear the words of mental health service users trying to grapple with the demands of learning and their sense that success or failure in their learning would be down to external stable causes. There is much confluence here with the work and approach of our partners and colleagues in Early Intervention in Psychosis services, suggesting that this would be exciting to explore in more detail and could make a real difference for many learners with mental health difficulties.

**Progress made**

Last November, Kathryn James wrote in this journal about the learning journey practitioners have been on through their work with learners with mental health difficulties. She described the progress that had been made, the value of working across sectors and how we still needed 'to be better at understanding how other factors, such as age or culture, impact on how people express their mental distress and how they access and experience services'. One year on, the LSC's national mental health strategy has been launched and addresses all the key issues that Kathryn raised. In just that short space of time, the world has moved on considerably in relation to government policy and partnership-working, not least in terms of the Machinery of Government changes and the future arrangements for the FE system.

There are, of course, inherent dangers in developing strategies that appear to be relevant to a particular group of people. There is a danger that when we focus on the needs of a particular group of learners we can lose sight of the wider picture, of developments outside of and beyond what we are focusing on. Coming as it did straight after the launch of the National Mental Health Strategy Refresh, Dylan Wiliam's lecture challenged me to look 'outside of the box' in relation to mental health and learning and inspired me to think about how the 'strategy did or didn't fit' with the wider theoretical understandings he presented.

Another danger is that of seeing a strategy about a particular population group as not relevant to us or our area of work, especially if we are not already aware of the issues. We can also risk losing sight of the diversity of needs within the overall group. For example, the strategy asks about learning provision for people in forensic services. This isn't just a question for people working in forensic services; it is a question for all of us. It is a question of equality and diversity within and across learning provision. It is relevant because people in forensic services come from or move back into prisons and the community and need access to learning in each of these settings.

Whether we realise it or not, we all have a vested interest in this strategy. One in four of us will experience mental health difficulties at some point in our lives. All of us will be affected in some way, either personally or as a friend or family member, as an employer or employee in the FE system, as a practitioner or a learner, as a policymaker or partner agency.

Am I suggesting that the LSC National Mental Health Strategy Refresh is a perfect strategy? No, of course I am not. I am, however, suggesting that it really does represent progress of the type I often hope to find and it represents a positive challenge to much else that is written and spoken about how those of us in the FE system might best respond to this group of learners. Does it go too far? Or does it not go far enough? You decide.

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