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Title: Responding to the mental health and well-being agenda in adult community learning

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Abstract

In the UK, changes in the policy, funding and commissioning landscape for mental health and well-being are posing opportunities and challenges for adult community learning (ACL). Opportunities include increased recognition of and funding for the ‘wider benefits’ of learning whereas challenges include the risks of ACL provision becoming hijacked by a health and well-being agenda that compromises its primary educational purpose and values. This paper engages with these policy debates through reporting on a study of mental health ACL that employed the Capabilities Approach along with two other complementary areas of social theory – recognition theories and theories of capitals. Its aim was to explore the means through which ACL impacts mental health and to draw out implications for policy and practice. Findings from focus groups with adult learners and tele-discussions with ACL practitioners revealed three main means through which the provision helped generate inter-linked mental health and educational capabilities: providing recognition, generating resources (capitals) and enhancing agency freedom. Elaborating these findings, the paper sets out an argument for interpretation of the mental health and well-being agenda in ACL in terms of a humanistic, liberatory pedagogy that encompasses feminist praxis, and draws out policy implications across the areas of ACL and mental health.

Key words: adult community learning; mental health; well-being; policy; liberatory pedagogy

Introduction

In the UK, changes in the policy, funding and commissioning landscape for mental health and well-being are posing opportunities and challenges for adult community learning (ACL).¹ Opportunities include increased recognition of and funding for the ‘wider benefits’ of learning which include enhanced mental health and general well-being, helping people access further education, training and employment opportunities, and association with participation in other community activities (see, for example, Attwell et al. 2013; Aldridge and Lavender 2000; Birch et al. 2003; Callaghan et al. 2001; Eldred et al. 2005; Field 2009a, 2009b; Hammond 2002; James 2005). Challenges include the risks of ACL provision becoming hijacked by a health and well-being agenda that compromises its primary educational purpose and values.

Engaging with this policy debate, this article reports on a study which employed the Capabilities Approach (CA) along with two other complementary areas of social theory – recognition theories and theories of capitals, to illuminate the means through which ACL can impact ‘mental health’ for various social groups (see Field 2009b; Matrix Knowledge Group 2009). It is concerned with the relationships between social, educational and mental health inequalities and the ways in which ACL may help to address these. Its focus is on inter-related findings relating to providing recognition and the generation of social and cultural capital, and the ways in which these processes helped foster ‘agency freedom’ for adult learners and to develop mental health and educational capabilities. The article shows how mental health ACL can uphold ‘the moral purpose at the heart of education – to be transformational’ (Elliott 2014) and educational values rooted in humanistic and liberatory pedagogy. Some background to policy, theory and the research design are provided first, followed by presentation of findings, and then discussion of implications.

Policy context

Mental health ACL is provision that is targeted for those experiencing mental health needs, often delivered in partnership with mental health agencies. It encompasses courses on the theme of mental health, such as ‘assertiveness’, ‘confidence building’ and ‘personal development’ and in other areas such as visual arts and skills for life. Currently, it forms only a small proportion of overall provision. However, in England, new arrangements for commissioning and delivering mental health services present important opportunities and challenges for ACL as a response to mental health needs. The establishment of Local Clinical Commissioning Groups overseen by Health and Wellbeing Boards and the transfer of public health responsibilities to local councils (see HMG/DH 2011; Joint Commissioning Panel for Mental Health 2012) are prompting creative thinking about local environmental supports for mental health recovery (Friedli and Boardman 2012) which may include ACL initiatives. This changed thinking is long overdue given the on-going policy implementation gap with regard to social perspectives informing mental health services (see HMG/DH 2011; Tew 2005, 2011a). There is still a need to shift service responses towards building community capacity and away from ‘a diagnosis and treatment-driven system’ (Watson 2014; see also Carpenter and Raj 2012a) which is currently framed and perpetuated by a consumerist policy approach (see Social Care, Local Government and Care Partnership Directorate 2014).

Challenges facing the ACL sector include pressures from both adult education and mental health policy regarding employability, in which terms mental health ‘recovery’ is increasingly being interpreted. A key policy issue for ACL centres on the balance between its contribution towards meeting an economic employment and skills agenda and its wider social contribution. Dominant neo-liberal ideologies have meant the former of these being prioritised in recent UK ACL policy on ‘social inclusion’ (see, for example, BIS 2010, 2011). For targeted mental health ACL, the inclusion agenda has also encompassed concerns about the provision creating or perpetuating stigma and

segregation or 'social pathologisation' (see Johnston, 2006), and about progression to mainstream provision (see Heginbotham and Newbigging, 2014 pp. 66-7 for discussion of universal versus targeted interventions for health and wellbeing). In this context, funding for mental health ACL, much of which is informal and may not be regarded as directly related to economic gain, remains under pressure (Taylor 2013).

The ACL sector is also increasingly being required to respond to a wider 'well-being' agenda which aims to reduce the economic and social costs of poor mental health and well-being as well as the treatment of mental health problems (see Aked and Thompson 2010; DH 2014). For ACL, the agenda means placing concern with promoting emotional and psychological changes, relating to confidence, self-esteem and happiness, for example, and social benefits, such as friendship and a sense of solidarity (Novitzky 2013) - making the 'hidden curriculum' explicit. The agenda links to a rise in assets approaches which focus on community resources and strengths in response to recognition that a solely deficit-based approach, targeted on those in most need has failed to reduce the social gradient in health (Foot and Hopkins 2012; see also Aked and Thompson 2010; Coleman 2009; Edwards and Imrie 2008; Tomlinson and Kelly 2013).

Like some policy interpretations of 'recovery' in the context of mental health (see Lewis et al. 2013), the well-being agenda has been criticized for being 'focused narrowly around utilitarian objectives relating to the reshaping of welfare' and the employability of particular groups, such as disabled people (Edwards and Imrie 2008, 344). For ACL, the agenda has raised concerns about 'medicalisation' according to health outcomes (Lewis 2012a) and detraction from its primary educational purpose and ethos, 'mir[ing] us inadvertently in diminished forms of education' where an individualized preoccupation with people's psycho-emotional vulnerability risks hollowing out a subject curriculum (Ecclestone 2004a, 13; see also Ecclestone 2004b; Ecclestone and Hayes 2009).

There is concern that alongside employability, an agenda of ‘confidence and self-esteem’ is replacing ‘the creative, intellectual, more radical and emancipatory purposes of adult education’ (Thompson 2007, 94), with accompanying declines in liberal adult education (see Taylor 2013) and critical social studies within the social purpose tradition (Caldwell 2013; Field 2005). There has therefore been critique of both the well-being and assets agendas regarding their encouraging of a tendency towards psychological and psycho-social explanations and responses that detract from those at a structural level and therefore have de-politicising effects (Carpenter and Raj 2012b; Edwards and Imrie 2008; Friedli 2011a, 2013; McCabe and Davis 2012; Thompson 2007; Tomlinson and Kelly 2013).

Apropos these policy debates, this article discusses findings from a study of targeted mental health ACL. Some theoretical background to the study and the research design are presented next, followed by the research findings.

Theoretical background

The study set out to examine ACL and mental health from the perspective of the Capabilities Approach (CA), a human rights-based theory concerned with the opportunities and choices (capabilities) available to people as a facet of inequalities (Sen 1999, 2010; see Lewis 2012a, 2012b). Capabilities are potential ‘functionings’ (valued ‘beings and doings’), examples of which include being knowledgeable, ‘tak[ing] part in the life of the community and having self-respect’ (Sen 1999, 75). These capabilities are afforded by the socio-political, cultural, economic and physical environmental conditions in which people live, by people’s positions of relative advantage or disadvantage within their society. Capabilities in personal and social, as well as economic, domains may be considered necessary to achieve well-being (Schuller, Bynner and Feinstein 2004; see also Schuller and Watson 2009).

‘Mental health’ is inter-dependent with a range of capabilities (see Friedli 2009) and can also be viewed as a capability and functioning in itself, a state of potential or actual being (Lewis 2012a, 2012b). Within the CA, then, ‘mental health’ can be understood in terms of what you are able to do, be and achieve and how you feel (Lewis 2012a), and a notion of particular importance is ‘agency freedom’, ‘the capability to act purposefully to advance one’s chosen goals and values as an element of a person’s effective power (Sen 2010, 271, 289)’ (Lewis 2012a, 528; see also Schuller and Watson 2009). This conception of mental health reflects that of the World Health Organisation which describes the phenomenon in terms of realizing potential, coping with stress, and productive activity, and as a component of ‘health’ more generally (see http://www.who.int/features/factfiles/mental_health/en/). It also accords with understandings of positive mental health or well-being as encompassing: emotion (subjective well-being), cognition (psychological wellbeing), social functioning (social well-being) and coherence (sense of meaning and purpose) (Friedli 2009, 2011b).

In order to fully explain the emergent findings of the study, the CA was supplemented with theories of recognition and capitals. Theories of recognition are concerned with injustices in the cultural or symbolic realm and with the relational dimension of social justice (Gewirtz 2001), with the ways in which recognition denials can inflict harm and be personally damaging (see Honneth 1995; Lewis 2009; Taylor 1992). Following Fraser (1997, 2000) these denials may include: ‘non-recognition, the rendering of invisibility as a result of dominant cultural forms; misrecognition, being seen as lacking value and as inferior; and disrespect, being maligned or disparaged in everyday interactions or representations’ (Lewis 2009, 259). Like the CA, the theories are framed by human rights principles (see Lewis 2009) and recognition politics revolve around reclaiming respect, dignity and equal moral worth (Honneth 1995) and a universalist understanding of people’s shared humanity (Fraser 2000;

Lister 2004, 2007). Theories of capitals can illuminate the distributive dimension of social justice (Gewirtz 2001; see Bourdieu 1986). They were employed in this study to help explain the interactions between resources (capitals) and opportunities (capabilities), i.e. the ways in which access to opportunities helps people to build capitals, while capitals, such as economic or social resources, can also help people access opportunities (see Schuller, Bynner and Feinstein 2004; Schuller, Preston et al. 2004).

Social determinants of health, and mental health more specifically, are driven by ‘inequities in power, money and resources’ (Marmot et al. 2010, 10), in capabilities (Sen 2010) and capital distribution (Schuller, Bynner and Feinstein 2004). Status differentiation and injustices of cultural valuation - recognition denials - can help explain the impact of inequalities on mental health (Friedli 2009). These injustices are often described as producing the ‘hidden injuries’ of everyday life (McKie 2006, citing Sennett and Cobb, 1972). Moreover, as inequalities of capability may be multiple and reinforcing in their effects (Sen 2009, 2010), poor mental health can reinforce disadvantage; it is both an outcome and a determinant of capabilities in a range of life domains, including education (Friedli 2009, 2011b; Marmot et al. 2010). The ‘stigma’ of mental health issues and contact with mental health services may also contribute to capability deprivation, or act as a barrier to the conversion of capabilities, such as education, into well-being (see Hopper 2007; Lewis 2012b). As Schuller, Bynner and Feinstein (2004, 6) point out, ‘Those with least access to capabilities, and consequently capital accumulation ... are also the most likely to experience social exclusion as adults’. Policies of social *inclusion*, then, should recognize that ‘it is the task of society to find ways of removing obstacles to capability in the education, welfare, and economic systems’ (20). The aim of this research was to explore the means through which ACL can expand (or may diminish or restrict) capabilities in the inter-related areas of mental health and education and to draw out implications for policy, provision and practice.

Research design

The study was undertaken in collaboration with the Workers' Educational Association, the largest UK third sector provider of adult education. It involved focus groups with adults attending targeted mental health ACL provision in England and tele-discussions with practitioners delivering the programmes. Five adult learner discussion groups, each comprising between six and eight individuals took place, two in the south-east and three in the north-west. Courses attended included those themed according to 'mental health' as well as others. Four of the groups comprised existing groups of adult learners undertaking, in one case (focus group 1), a numeracy and literacy course, and in three cases (focus groups 3-5) 'self help for life' courses. The content of the latter encompassed techniques from positive and cognitive psychology, social support, relaxation, meditation and reiki, as well as broader philosophical, spiritual, political and social science elements (e.g. knowledge and ideas from aboriginal cultures, politics and sociology). Some participants on the self help courses had also attended other courses, including arts and creative writing, whereas many learners in the numeracy and literacy classes had also attended themed mental health courses. In focus group 2 the participants were drawn from a range of targeted courses, either previously or currently attended, including self-esteem/confidence building, assertiveness training, anxiety/stress/anger management and general 'personal development' as well as English, maths and computing.

University ethical approval was gained and a process of informed consent followed. Discussion group questions centred on why people had joined the courses and what this had enabled them to do or achieve, along with barriers they had helped people overcome, with consideration also given to the possible dis-benefits of the learning experience in these respects. An interactive and reciprocal mode of facilitation was adopted and each discussion lasted between 40 minutes and 1 ½ hours.

In total there were 36 adult learner participants, 21 women and 15 men. Ages ranged from 18-30 to 71 and over, with nearly two thirds of participants (23) being aged between 41 and 60 years. In all, 33 participants classified themselves as white British, with one white Irish and one Chinese and one unspecified. Seven participants currently had no educational qualifications, 1 had achieved level 1 (foundation), 10 had achieved level 2 (GCSE or O' Level), 6 had achieved level 3 qualifications (A' Levels or BTEC diplomas), 7 specified other vocational qualifications (NVQs in 2 cases and secretarial/computing skills in 3 cases), 1 participant had an Honours Degree and another a Masters degree, and 5 participants didn't specify their educational attainment. Occupations ranged from unemployed (10), registered disabled (1), volunteer (2), housewife/mother (4), administrative (2), care work (2), domestic (1), and retired (6), with 7 participants' occupations remaining unspecified.

A second stage of the study involved a teleconference and a telephone interview to discuss emerging findings with three tutors (in numeracy and literacy, computer skills and 'self help for life') and a tutor organiser working in targeted mental health ACL. Two male tutors, one female tutor and one female tutor organiser took part, with three of these participants having helped to organise the learner discussion groups.

Data were transcribed and then coded according to conceptual themes. Data were anonymised and transcribing conventions were as follows: F for female respondent, M for male respondent; (...) for missing speech; ... an ellipsis; and square brackets added text or text changed for anonymity.

The means through which the ACL impacted mental health and educational capabilities

The findings of the study emerged along three main, inter-related themes (set out in Figure 1). The theoretical model is a human rights-based, social justice framework that reflects processes of developing capabilities and capitals across social, political, economic and symbolic dimensions, and

the interactions between these, which help to confer mental health, or ‘well-being’.² It identifies the symbolic dimension (processes of ‘recognition’) separately to reflect the salience of this theme in the data.

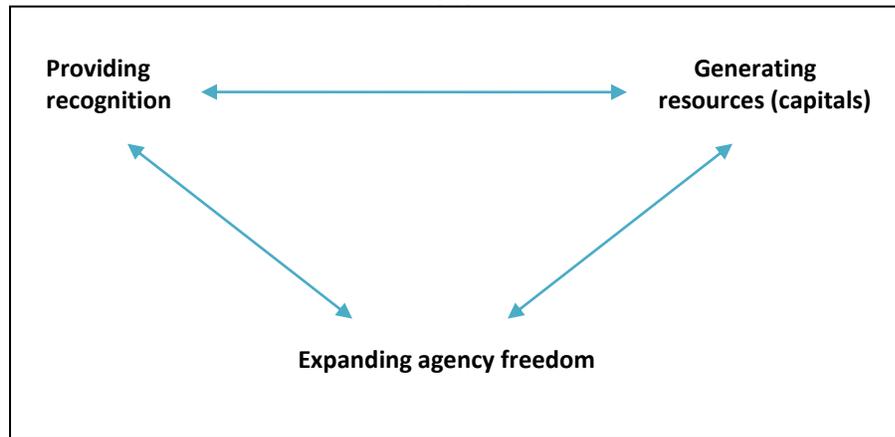


Figure 1. Promoting mental health and educational capabilities through adult community learning: a social justice framework

The discussion below is set out in three sections. First, I outline findings relating to recognition. Second, I describe the generating of cultural capital (understood as knowledge and learning), social capital (relationships, networks and community trust) and other resources. The third section concerns how these processes of recognition and generating resources related to the development of agency freedom across a range of domains.

Providing recognition, reconstructing the self: the affordances of a humanistic learning environment

A significant theme to emerge from the research was the ways in which the experience of attending ACL classes involved a social process of reshaping personal identities for participants, often in the face of social and educational disadvantage and life adversities. For many, this disadvantage had included poor educational achievement accompanied by the construction of negative ‘learner identities’, as well as experiences such as physical abuse and bullying at school. For example, one participant recounted how attending literacy classes had helped generate a sense of self belief,

previously ‘never believing that to sit down and do an English course that I could actually learn anything, you know’. Others described how the targeted ACL was helping them to combat the (potential) spoiling of identity (Goffman 1963) from experiences of mental health crisis and/or service usage. Participants therefore conveyed a sense in which the courses provided a relational space in which the self could be ‘recovered’. An important aspect of this space was the way in which connecting and identifying with others helped people to overcome the fallacy of being alone in ones’ experiences:

Then one week I came and it just (clicks fingers) pin dropped and I looked at everybody and went, everybody’s like me (...), got problems (...) and you get talking over that like and it helps. (Male participant, focus group 5)

I had no self-esteem, no self-confidence, er felt like crap and joined this course and found that I wasn’t the only person who felt like me and it’s about getting better with people in the same boat as me. (Male participant, focus group 2)

These extracts demonstrate the value of the programmes for participants in helping appreciation of the shared nature of many feelings and experiences and to generate a sense of common humanity. They highlight the fundamentally relational nature of self (Brison 2002). One participant described how the learning environment was characterised by mutual understanding which was found to be therapeutic and another how this was helping counteract the social processes through which experiences become rendered invisible, or fail to be recognised (Fraser 1997, 2000), and the further distress this could cause:

F2: Being in this group, you know we’ve all got problems and we all understand each other you know. (...) And a lot of the time I don’t like going out but I love coming here. (...)

M3: In the past I was in a different world. I was a very empathetic character but I wouldn't have understood (...) because it [mental health crisis] never came into my life so it's, it's not that I want to push it away it's just outside of my boundaries. When I entered the other world you find out what's really tiring more so than anything is the justification to the other side, back to that world and they've got no idea, understandably but that is the most tiring thing that, of all. (...) It's, it's, it's like a never ending reel which actually exacerbates the sit..., the condition that you're in anyway. (...) So there's a condition but there's a, another condition which has been enforced and almost encouraged. (Focus group 1)

The social condition this latter participant refers to is one of being outside normative everyday realities and associated social exclusion. Bourdieu (1992) calls this 'symbolic violence' as taken-for-granted social perceptions and practices – social beliefs – work to oppress or marginalise those with less societal power. In this case, the social belief may be of 'mental illness' as a personal pathology or deficiency, a construction which allows the social causes of this 'illness', distress or trauma, particularly experiences of powerlessness, lack of control or oppression to go largely unrecognized or to be denied (see, for example, Tew 2005, 2011; Vassilev and Pilgrim 2007; Williams 1996, 2005; Williams and Lindley 1996). This then becomes a further assault on those affected, who are left to deal with more anger and distress and who come to feel socially disconnected and isolated; it is a distortion of reality which 'reinforce[s] inequities and suffering' (McKie 2006: 61).

In the face of such recognition denials and their potentially diminishing effects on the self, the processes involved in the ACL were described in terms of rediscovering one's sense of personhood and associated sense of agency; as two female participants put it:

F1: You see yourself outside of the illness. I'm not just the illness. I'm a person as well and I, I'm more, and I'm more capable than I give myself credit for.

F3: It's lost isn't it?

F1: You get lost don't you?

F3: Yeah and then you become a person again really don't you? (Focus group 2)

Participants thus described a kind of remaking of the self through learning and relationships with others (Brison 2002) as a transformative process and the humanizing effects of their involvement with ACL. Resonating with Morgan (2007), the female participants in particular described 'losing' and 're-finding' themselves, overcoming an erasure of self and 'recovering' their identities, often in the context of having become subsumed with the needs of others, or having experienced oppressive personal relationships. The cultural context of women's lives, which often includes unrealistic expectations and is punitive in nature (Fullagar, 2008; Fullagar and O'Brien, 2014; O'Grady 2005; Stoppard 2000), means that such personal authenticity – put by another female participant in terms of 'a freedom of being who you are' – is often considered crucial for women's mental health (see, for example, Staddon 2009; Thompson 1997).

The provision of a humanistic learning environment was fundamental to these processes of identity reconstruction. This environment was informal and non-pressurised with a social atmosphere and a 'whole person' approach which took account of the context of people's lives (Friedli 2011b). It was described by two participants in terms of the affording of full humanity; one referred to 'seeing people as people' and another remarked, 'in this they treat you as a human being; they, you know, get the stick' (focus group 2). One tutor described an ethic of care for the adult learners, an ethos in which 'people are treated as equals,' and the generation of mutual trust in the adult learning groups. This ethos was commented on by a female participant in the numeracy and literacy class:

[Tutor] is, how can you put it, like your friend sort of thing. She doesn't look down at you, 'Oh you don't know nothing'. No one does. No one looks down at you like you're different at all. (...) It's like everyone's on the same sort of level. (Focus group 1)

This excerpt illustrates how the ACL context was affording this participant respect and equality of moral worth (see Williams 1999), thereby helping her to rebut previous experiences of inferiorisation, or misrecognition framed by inequalities of social class and gender (Bourdieu 1992). Participants also described the ways in which the friendship and mutual support within the groups provided 'breathing space' to regain 'your faith in people', and the significance of the unconditional positive regard generated within the groups, particularly in the context of having experienced unhappy or abusive relationships and their internalization:

I think it enables you to see that in actual fact you are an ok person. [...] It's about that self, er loathing and self-hating and actually bringing yourself away from that and that's what this has done for me. (Female participant, focus group 5)

Many other participants also spoke about the achievement of self acceptance and coming to like oneself. The way in which the humanistic environment of the ACL provided social acceptance and helped participants overcome 'social defeat' (Tew 2011b) was described by two male participants:

M1: So but er the issues I had were not being able to accept myself. Always feeling rejected and things like that where coming to this class I don't feel rejected and I don't know if there's other people been in the same situation. (...)

M2: It's just er something that [participant] said about being accepted. It seems that when you have a mental health problem you, you're penalised for it. You feel as if you've been ostracised by society in general and it's When I was brought up, I never really had a family so it's

like being here, the people who are sort of like in the same boat sort of thing; I felt like it was, you know, one big happy family. (focus group 3)

The mental health ACL was therefore found to be affording opportunities, or capabilities to (re)build social relationships for those who may have experienced multiple layers of disadvantage in this domain - what Sen (2010, 256) calls a 'coupling of disadvantages between different sources of deprivation'. For many participants too overcoming shame through breaking silences was key to these processes. The focus groups evidenced the importance of having a supportive space to tell of socially taboo experiences which included suicide attempts and domestic violence as well as alcohol misuse – all areas associated with the social harms of stigma and shame (see McKie 2006; Tew 2011a). The opportunity to talk about such issues in a non-judgemental and trusting environment was considered helpful, not least because this enabled the possibility of connecting one's experiences with those of others and the wider social realm, as I now elaborate.

Developing resources: a liberatory understanding of 'mental health'

Alongside a humanistic approach, the research evidenced the benefits of a liberatory understanding of mental health that encompassed appreciation of the social causes of mental health issues (see Tew 2005; 2011a) for the targeted ACL. In pedagogical terms, this translated into generating a sense of collectivity among the adult learners (to combat isolation and disempowerment); situating experience in the wider social context, enhancing social awareness and illuminating the operation of power (to deflect the personalisation of experiences generated by social structural processes: Henwood and Pidgeon 1995); and encouraging cultural engagement (to counteract alienation; see Brookfield and Holst 2011).

Taking the first of these points, one tutor described the value of ‘starting from the point of view of there being a unity of why people are there,’ of encouraging adult learners to find common purpose (Coare and Johnston 2003) and how he felt the adult learning groups were ‘an attempt at building a kind of community.’ Another described attempting to create a learning environment ‘in which learners are made to feel part of a group.’ For the numeracy and literacy class, this group ethos extended to the learning becoming a collective endeavor:

They share such problems in their lives that they become quite united together and there have been conversations where we’ve sort of said, ‘so what are we going to all do next?’ We’ll have to think of something, you know (...), carry the whole process on.
(practitioner teleconference)

This group was described by the adult learners in terms of being ‘a team’ and even feeling like ‘a second family.’ It was characterized by strong bonds on the grounds of common life experiences and social class backgrounds – what Puttnam (1995) calls ‘bonding’ social capital. As such, the research evidenced the importance for mental health of the opportunities provided by the courses for people to act in solidarity with others (Friedli 2011b) and to develop co-operative power (see Tew 2011a) – a theme further discussed in the next section.

Taking the second point, there was evidence of the value of mental health ACL for facilitating awareness-raising simply through bringing people together in a supportive and conducive context and mutual exchange, through the generation of social capital (Coare and Johnston 2003, 208; Field 2005). For instance, one female participant described how meeting with other women with similar experiences through attending a personal development course had helped her to put experiences of abuse in social context:

I've not come against any courses that could help us challenge the faulty thinking as a result of... . It's just it was so refreshing when I went on a course to know that other people had been through what I'd been through and they felt like I felt. (focus group 2)

This extract illustrates the value of the adult learning in providing a 'chance to find shared realities' with others as a valuable source of therapeutic support (Williams 2005: 156) as well as educational development (Thompson 1997) and how informal contact among adult learners can help counter the personalisation of problems and self-blame for women. However, it also highlights the need for mental health ACL provision in the area of 'personal development' to deal constructively with domestic violence and abuse as a gendered, socio-political problem and to help develop empowering understandings of mental health for women (see Fenner 1999; Morgan, 2007; Patiniotis and White 2011; Thompson 1997; Williams and Lindley 1996; Williams and Watson 1996).

The 'self help for life' tutor described how this ACL was 'about giving people some resources' and highlighted the interaction between generating social capital and cultural capital through the learning (see Hammond 2002). Participants on these courses noted how gaining a critical social understanding of issues in relation to mental health could be helpful. For example, one commented on how the tutor encouraged this insight: 'You can see the problems over there. It's not, it's not with you, it's with, over there, how they treat you' (focus group 5). Illuminating the operation of power and challenging the internalisation of oppression, 'transform[ing] understanding from the personal to the social' (Caldwell 2013: 41) was therefore an important feature of the 'self help' ACL and one that is central to a liberatory ethos (see Brookfield and Holst 2011, 118-19; Coare and Johnston 2005, 12-13; Thompson 1997). It is a key characteristic of the social purpose tradition of ACL (Caldwell 2013), paving the way for 'faulty thinking' to be replaced with a praxis-oriented approach in which action is based on theoretical understanding and political insight (Lather 1995).

Lastly, participants attending the ‘self help’ courses also described having their interest in a range of subjects stimulated and how this increased their motivation for life, commenting, for example, ‘He [tutor] brought along so much of interest cos he delves into all kinds of different subjects like philosophy, mythology, history, sociology, politics’ (focus Group 3), and ‘Well it’s made me look at things differently (...); there’s so much that I don’t know that I would like to learn’ (focus group 3). A further participant described how cultural engagement through the ACL had helped him to counteract alienation:

All my English comes from what I’ve learned from reading books (...) But when I came here first (...) I didn’t know how that could help me at all (...) Without it I’d still be sitting indoors or trudging to work and back and going shopping on autopilot, you know. All your feelings get pushed to one side and you just exist. (...) And yeah, I feel a lot better person for it, definitely.
(focus group 1)

The study therefore indicated the benefits of humanities and social sciences ACL for both democratic citizenship (Ni and Hilligus 2001; Paterson 2014) and personal development and well-being (see hooks 1994), and how introducing knowledge from these subject areas in courses thematised according to ‘mental health’ could be an effective way of generating interest in them. Indeed, the ACL was recounted by the above participant as giving a ‘new lease of life’ and by another male participant as ‘opening doors I didn’t think were possible.’ The adults’ accounts therefore also showed how the social and cultural resources generated through the ACL were expanding their capabilities more widely and providing a social base for action for individuals and in some cases collectively.

Expanding agency freedom

Agency freedom has a two-way relationship with mental health, or well-being, which can be ‘a key determinant of agency’ (Friedli 2009: 39) whereas agency, including sense of control or self efficacy, is important for mental health (Hammond 2002) and generally contributes towards people’s well-being (Sen 2010). Many participants described feeling that participation in ACL had somehow facilitated an expansion of their agency freedom. Indeed, some participants went so far as to describe the ACL as ‘a lifeline’ in this respect. The processes involved the reshaping of identities and subjectivities in an interactive manner between individuals and the ACL environment, as people both shaped and were shaped by the learning experience – something described by Edwards (2007, 259) as the ‘incorporation of the collective into the individual’. This cultivating of agency freedom was discussed by participants along six inter-linked themes: taking part in social life; speaking out; standing up to violence and abuse; generating educational and vocational capabilities; identity freedom; and collective action and participation in political life. These are now discussed in turn, with consideration also of the restriction or diminishment of this freedom in respects.

Many participants described how the ACL classes had provided a means of overcoming an initial fear of getting out and doing things and facilitated their involvement in other activities. For example, one female participant commented, ‘It was like the first steps of you know leaving the house really’ (focus group 4), and one older male participant described how his participation had ‘brought me out [of] me shell again.’ Some also described how their participation had helped them to speak ‘in front of people’ and to be more assertive. Accordingly, the literacy and numeracy tutor related how her pedagogical approach encompassed ‘encourag[ing] them [students] to express themselves cos I know sometimes in life they feel that they haven’t been able to voice their opinions.’ As previously discussed, participants in the ‘self help’ courses in particular also related how they had been enabled to speak out about socially taboo subjects surrounding mental health.

The speaking out that was made possible in the groups was important in facilitating the reconciliation of past experiences (see Hopper 2007) and was politically significant. Crucially, since a large proportion of people, especially women, who come into contact with mental health services have experienced violence or abuse (Kelly 2011; Tew 2011a), the groups could provide a space, as discussed above, to come to recognise these experiences as a gendered social problem rather than merely a personal issue (see Cotton and Lewis 2011; Thompson 1997). This challenged the denial of such violence in everyday life and one's own implication in this as well as the 'normalisation' of domestic violence (see Cohen 2001; McKie 2006, 2011). As two participants asserted::

F2: By telling people about it its exposing him and it's also because while, while women, cos they feel ashamed that, that they've allowed it happen as well I think, but by talking about it its almost erm, they can't get away with it as much, it's not acceptable.

F1: Yeah it's not acceptable. (focus group 4)

As this extract indicates, then, the therapeutic dimensions of the 'self help' ACL also had a political dimension. Speaking out about and taking a moral stand on domestic violence was a political act which in itself constituted a capability, and was important to expanding the women's sense of control, something which is key to alleviating women's depression (Ross and Mirowsky 1989, 2006; see also McKie 2011). Indeed, several participants also described how their ACL participation had helped them change or leave abusive relationships (see also Morgan 2007).

In terms of educational participation and development, many participants described how the ACL was generating capabilities, as previously discussed. Further, some recounted how the personal development courses had enabled their wider educational participation and progression, providing a

necessary first step in the face of eroded self-esteem or confidence from previously negative experiences of formal education; as one respondent explained:

Without the self-esteem courses, the depression courses, the confidence courses I wouldn't be doing a computer course because I had to start somewhere. (...) Everybody here knows what I'm talking about. You're told at school you are shit; you'll become..., you are totally useless from the day you started school I'm told I well I'd never achieve anything and that was my core belief and I lived with that for nearly sixty years. (male participant, focus group 2)

This participant's testimony starkly illustrates how identity capital can be a determinant as well as an outcome of educational capabilities (Schuller Bynner and Feinstein 2004) and how mental health contributes to the production of agency (Friedli 2009). Two female participants too described how the level and approach of the courses had helped them overcome internal barriers and led to their educational progression. For example, one commented:

I could never see myself going to college which I have done and if I hadn't 've done the courses with people who understand where I'm coming from it, I wouldn't have attempted to go to college. (focus group 2)

Some participants therefore reported how the therapeutic and targeted learning was facilitating entry into other, more formal education for them and was opening up vocational opportunities. However, some participants described moving on to higher level courses being a tricky transition due to the difficulty of adjusting to a more pressurised environment. In addition, the value placed upon the social capital of the courses was described by some female participants' as shaping their preferences for learning approaches which created an informal atmosphere, had small class sizes, were based in community settings and allowed for a collective orientation (see Field and Spence 2000; Schuller, Bynner and Feinstein 2004). There was therefore suggestion of cultural barriers to further

educational progression, and therefore capability expansion, for some ACL participants, particularly women.

Findings relating to cultivating identity freedom through the adult learning, especially for women participants, were outlined earlier. In relation to potential inhibition in this respect, however, one female participant described envisioning feeling ‘uncomfortable’ in mainstream, as opposed to targeted, adult education settings, commenting, ‘In normal places, if you like, you feel like you don’t fit in.’ This highlighted the additional risk of the targeted programmes contributing towards the perpetuation of pathologised identity constructions and marginalisation for some people, especially women adult learners. Furthermore, there was indication that the ‘targeted mental health’ nature of the ACL had potential to diminish capabilities through ‘courtesy stigma’ (Goffman 1963). Some of the ‘self help’ groups were both open access and targeted and one participant related how a course member had ‘stopped coming because she was, “well everyone here’s got you know got some sort of mental health problem and I’ve got nowt up with me”.’

For those already positioned in relation to mental illness, the social and emotional capital generated by the programmes appeared to be helping people rebut or dismiss the associated potentially damaging effects, however. For example, one participant commented on this topic: ‘I was talking to Carol about it outside and I look at it as I am who I am. If you don’t like the way I am then you know where the door is, to be polite’ (focus group 1). The research therefore also suggested the liberating effects of taking part in the ACL groups in terms of personal identity freedom for those who had been ascribed a mental illness diagnosis and its empowering effects in enabling people to stand up to issues of oppression affecting their lives.

In terms of collective action too, there was evidence of the ACL provision encouraging the development of ‘citizenship’, or ‘responsible agency’ arising from common values and directed at socially oriented goals (Edwards 2007 citing Taylor 1991) as one group described how they had challenged the threatened closure of the day centre they were attending:

For me knowledge is important cos the more I have, the more able I am to face life. And that way I don’t feel like I’m just an idiot, or stupid, useless, you know, stuff like that. (...) The more knowledge we’ve got, the better we work to sort of like sit down and write letters to the council, the scrutiny board, our MPs. We’re fighting a closure because we had that knowledge there to start with. (male participant, focus group 3)

The above comments illustrate the conversions between cultural capital, social capital and identity capital and the interactive relationship between these resources and agency freedom – facing life (see Schuller, Bynner and Feinstein 2004; Schuller, Preston et al. 2004). They demonstrate how social purpose ACL with a liberatory ethos concerned with providing useful knowledge and other resources (hooks 1994; Solar 2005; Thompson, 1997), and with connecting experience to the wider social and political realm, can help generate both individual and collective agency, and work to enhance both democratic citizenship and mental well-being as complementary aims (see also Field 2005; Schuller and Watson 2009; Woodward 2013).

Conclusions

In the face of a ‘well-being’ agenda which threatens to compromise the emancipatory educational vision of ACL and a mental health policy context in which social perspectives still require more prominence, this study demonstrates the value of mental health ACL that is characterised by a humanistic and liberatory ethos in developing inter-related mental health and educational capabilities, and so for addressing inequalities across these domains. It shows the need to ensure the well-being

agenda for ACL is enacted through ‘retain[ing] the vision of social justice and transformation that underlies liberatory pedagogy’ (Weiler 1991, 450) so as to resist co-option into a neo-liberal consumerist agenda which individualises and de-politicises well-being.

Correspondingly, the study shows the value of an approach to evaluating the ‘social returns’ of mental health ACL that is based within a capabilities perspective and so guards against the abstraction of psycho-social benefits from matters of social inequality and human rights (see Lewis 2012a). It demonstrates how mental health ACL that is politically engaged can help create the contextual affordances for mental health (Edwards 2007) and to mobilise community resources to support mental health recovery and well-being at the individual, group and community levels (see Lewis 2012b). It evidences how the ACL was providing a means of breaking isolation and enabling social participation, thereby helping to overcome an initial barrier to capability enhancement, and ‘dealing constructively with the psychological consequences of social injustice and issues of power and powerlessness’ (Williams and Lindley 1996, 4). Furthermore, the programmes were not only directly enhancing capabilities, or substantive freedoms (Sen, 1999) in the areas of education and mental health that were of value in themselves (Sen 1999, 2010), but were also enabling the wider development of capitals and capabilities across a range of domains.

In this manner, the adult learning was helping to address mental health and educational inequalities across dimensions of social class, age and gender and to address social isolation and exclusion as key social determinants of poor mental health and subjective wellbeing (Deeming 2013; Dunn 1999; Friedli and Boardman 2012; Social Exclusion Unit 2004). Many of those attending had been initially educationally disadvantaged. Furthermore, breaking isolation and generating social support was found to be a particularly significant benefit for older participants and women with caring responsibilities, whereas agency freedom in terms of speaking out about and standing up to violence

and abuse was of particular importance for the mental health of women participants, many of whom had experiences in this area. It also indicated possible risks for capability diminishment and inhibition (Unterhalter 2003) arising from the targeted nature of the provision, however, which included the perpetuation or creation of pathologisation and social marginalisation (Johnston 2006) and the inhibition of further educational progression, especially for women

The study contributes to research on social recovery and social approaches to mental distress (e.g. Tew 2005, 2011a) and towards research on the mental health benefits of community-based adult education. According with Hammond (2002, 2004) it illustrates the benefits of co-operative and inclusive learning environments and the ways in which these can act as ‘a ‘home’ or holding environment that supports personal growth’ (Wolf 2009, 59). Indeed an expansion of agency is a prominent feature of adult learning (Field 2008, 2009a; see Schuller, Preston et al. 2004; Schuller and Watson 2009) and is a strong theme in women’s accounts of taking part (e.g. NIACE 2011).

These findings have important implications for policy and provision. In relation to mental health and well-being, the research highlights the social and relational nature of these phenomena and the need for this to be reflected in public provisioning in these areas (Pilgrim, Rogers and Benthall 2009; Deeming, 2013), which should be informed by social perspectives (e.g. Tew 2005). They show the value of responses to mental health needs based around a community development approach and humanistic ethos of equality, participation, social and cultural connection and social support (Stefan 1996; see also Crawford et al. 2013; Carpenter and Raj 2012a; Coppock and Hopton 2000) as an antidote to the experiences of oppression, exclusion and alienation which adversely impact people’s mental health.

For ACL, the findings indicate the counter-productivity to the generation of ‘human capital’ for economic productivity of placing a narrow, simplistic focus on an employment and skills agenda. This is because of the complex inter-relationship between mental health and educational capabilities, and because capitals and capabilities in areas encompassing knowledge and learning, social participation and educational and economic participation interact and can convert into one another (see also Schuller, Bynner and Feinstein 2004; Schuller, Preston et al. 2004). The findings also indicate the value of targeted mental health provision for enabling people to develop the capability for mental health and to overcome an initial barrier to capability development, thereby acting as a ‘bridging service’ to more formal education (Morgan 2007). However, the research highlights the need for measures to counteract risks of the provision working to diminish or restrict capabilities relating to identity construction, educational participation and social inclusion for some adults through creating or reinforcing social stigma or marginalization.

These dangers can be mitigated through adoption of a social model of mental health as an element of a humanistic and liberatory pedagogical ethos. In practice terms, the research demonstrates how powerful healing effects can be generated through ‘creating an environment of trust and mutual concern’ in ACL settings (Wolf 2009, 5; see also Solar 2005). However, there is a need to generate both social capital and relevant cultural capital through making classrooms ‘socially aware spaces, not simply social spaces’ (Coyne 2011, 5). While a universalist understanding of shared humanity was important in the mental health ACL, there was accompanying evidence of the need for an understanding of the operation of power inequalities (see Tew 2005, 2011a, 2011b) and the potentially different needs of women and men (Stefan 1996). The fact that gender suffuses social life and that gender inequalities are often “central to our private lives and our psychological functioning” (Williams 2005, 152) means that feminist understandings of the implications of gender power relations for the mental health of women and men are necessary to effective service responses in this

area (see Busfield 1996; Patiniotis and White 2011; Stefan 1996; Williams 2005). This study therefore shows how humanistic values and a liberatory pedagogy that encompasses feminist praxis – understanding (of gender and other, inter-related power relations) in order to act - are of particular relevance to mental health ACL.

The findings link to the following four dialectical aspects of a liberatory, feminist approach: silence/speech; passivity/active participation; powerlessness/empowerment; omission/inclusion (Solar 2005, 179, translating Solar 1992). Engendering self-determination, choice and a sense of control is important (see also Field 2009a; Kelly 2011; Lewis 2012a; McKie 2011; Ross and Mirowsky 2006) along with a focus on people's strengths, and an effort to create supportive opportunities for people to break silences and to reframe personal experiences in social terms (see also Caldwell 2013). In other terms, the research suggests the relevance of 'engaged pedagogy' (hooks 1994) – education which takes a holistic approach with concern for students' and teachers' well-being as well as their knowledge creation, which works to 'create and sustain a learning community' (8) as well as to enable progression, which encourages critical thinking, challenges oppression and, ultimately, is 'healing to the uninformed, unknowing spirit' (19) and has potential to be transformative (Mezirow, Taylor and Associates, 2009).

Along with the arts and humanities, the social sciences have a crucial role in mental health ACL in meeting the need for critical spaces for people to come to shared understandings of life experiences impacting their mental health (Thompson 1997; Williams, 2005). These perspectives can help adult learners 'investigate critically their economic and social circumstances as a basis for any subsequent learning, agency or active citizenship' (Johnston, 2005: 13). They can facilitate awareness of and action to counteract the ways in which social injustice and power inequalities impact mental health (see Thompson 1997; Williams 2005; Williams and Watson 1996). As this research demonstrates,

mental health ACL can be used to engage adult learners with the social sciences as well as other subject areas, the aim being to find ‘the point of connection between [people’s] direct concerns and wider social context and action’ (Caldwell 2013, 40-41). Such politically engaged mental health ACL has an important part to play in ‘social purpose’ adult education, helping progressively to take forward its twin aims of enhancing democratic citizenship and mental health and well-being (see Coare and Johnston 2005; Coyne 2011; Field 2008; Johnston 2006; Schuller and Watson 2009).

Endnotes

¹ ACL is learning with people in their communities, ‘somewhat removed from more formal educational provision’ (Coare and Johnston 2003, xi). In the UK, it often involves outreach to less advantaged people and encompasses a social justice agenda (Coare and Johnston 2003; Lewis 2012a).

² The full research report (Lewis 2012b) gives further consideration to the development of the economic, human capital dimension.

References

- Aked, J. and S. Thompson. 2010. *Five Ways to Wellbeing, New applications, new ways of thinking*. London: NHS Confederation and NEF.
- Aldridge, F. and P. Lavender. 2000. *The Impact of Learning on Health*. Leicester: NIACE.
- Attwell, M, I. Naz, C. Nussey, B. Franks, J. Daw, N. Chauhan and R. Hussain. 2013. *Impact of WEA Adult Education. Executive Summary Report 2013*. London: WEA.
- Birch, E., P. Kenyon, P. Koshy, and N. Wills-Johnson. 2003. *Exploring the social and economic impacts of adult and community education*. Leabrook, SA, Australia: NCVET.
- BIS (Department for Business, Innovation and Skills). 2010. *Skills for Sustainable Growth*. London: BIS. Available at: <http://www.bis.gov.uk>
- BIS. 2011. *New Challenges, New Chances. Further Education and Skills System Reform Plan: Building a World Class Skills System*. London: BIS.
- Bourdieu, P. 1992. *Language and Symbolic Power*. Cambridge: Polity Press.

- Bourdieu, P. 1986. "The Forms of Capital." In *Handbook of Theory and Research for the Sociology of Education*, edited by J. G. Richardson, 241-258. Westport, Conn.: Greenwood Publishing Group.
- Brison, S. 2002. *Aftermath, Violence and the Remaking of the Self*. New Jersey and Oxfordshire: Princeton University Press.
- Brookfield, S. D. and J. D. Holst. 2011. *Radicalizing Learning: Adult Education for a Just World*. San Francisco, CA: Jossey-Bass.
- Busfield, J. 1996. *Men, Women and Madness. Understanding Gender and Mental Disorder*. London and Basingstoke: Macmillan Press Ltd.
- Caldwell, P. 2013. "Recreating social purpose adult education." *Adults Learning* 25 (4): 39-41.
- Callaghan, G., D. Newton, E. Wallis, J. Winterton, J. and R. Winterton. 2001. *Adult and Community Learning: What? Why? Who? Where? A literature review on Adult and Community Learning*, Report for the Department for Education and Skills. Eldwick Research Associates Research Report RR262, July.
- Carpenter, M. and T. Raj, eds. 2012a. *Community Development Journal Mental Health Special issue*. 47 (4).
- Carpenter, M. and T. Raj. 2012b. "Introduction." *Community Development Journal Mental Health Special issue* 47 (4): 457-72.
- Coare, P. and R. Johnston. 2003. *Adult Learning, Citizenship and Community Voices*. Leicester: NIACE.
- Cohen, S. 2001. *States of Denial*. Cambridge, Polity Press.
- Coleman, J. 2009. "Wellbeing in schools, empirical measure or politician's dream?" *Oxford Review of Education* 35(3): 281-92.
- Coppock, V. and J. Hopton, J. 2000. *Critical Perspectives on Mental Health*. London: Routledge.

- Cotton, A. and L. Lewis, L. 2011. *A Difficult Alliance? Making Connections between Mental Health and Domestic Violence Research and Practice Agendas, Briefing Paper*. Proceedings of British Sociological Association Mental Health Study Group symposium, Edge Hill University, 7th June. September. Available: <http://www.britsoc.co.uk/study-groups/medsocmharchive.aspx>
- Coyne, G. 2011. “Developing a radical, action-learning oriented educational approach in the WEA to deal with old challenges in new times.” Working paper. Available: <http://blogs.erratum.org.uk/author/admin/>
- Crawford, P., L. Lewis, B. Brown, and N. Manning. 2013. “Creative practice as mutual recovery in mental health.” *Mental Health Review Journal* 18 (2): 55-64.
- Deeming, C. 2013. “Addressing the Social Determinants of Subjective Wellbeing: The Latest Challenge for Social Policy.” *Journal of Social Policy* 42 (3): 541-565.
- DH (Department of Health). 2014. *Wellbeing: Why it matters to Health Policy*. London: DH.
- Dunn, S. 1999. *Creating Accepting Communities - Report of the MIND Inquiry into Social Exclusion and Mental Health Problems*. London: MIND.
- Ecclestone, K. 2004a. “Developing self-esteem and emotional well-being – inclusion or intrusion?” *Adults Learning* 16 (3): 11-13.
- Ecclestone, K. 2004b. “Learning or Therapy? The demoralisation of education.” *British Journal of Educational Studies* 54 (3): 129-147.
- Ecclestone, K and D. Hayes, D. 2009. “Changing the subject: the educational implications of emotional well-being.” *Oxford Review of Education* 35 (3): 371-389.
- Edwards, A. 2007. “Working Collaboratively to Build Resilience: A CHAT Approach.” *Social Policy and Society* 6 (2): 255-64.
- Edwards, C. and R. Imrie. 2008. “Disability and the Implications of the Wellbeing Agenda: Some Reflections from the United Kingdom.” *Journal of Social Policy* 37 (3): 337–355.
- Eldred, J., J. Ward, K. Snowdon and Y. Dutton. 2005. *Catching Confidence*. NIACE, Leicester.

- Elliott, G. 2014. "The New English Post-Compulsory Education Environment." Paper presented to the University of Wolverhampton Centre for Research and Development in Lifelong Education (CRADLE), Walsall, UK, March 26.
- Fenner, J. 1999. "Our Way: Women's Action for Mental Health (Nottingham)." *Journal of Community and Applied Social Psychology* 9 (2): 79-91.
- Field, J. 2005. *Social Capital and Lifelong Learning*. Bristol: The Policy Press.
- Field, J. 2008. "Get Happy." *Adults Learning* 20 (2): 8-11.
- Field, J. 2009a. "Good for your soul? Adult learning and mental well-being." *International Journal of Lifelong Education* 28 (2): 175-91.
- Field, J. 2009b. *Well-being and Happiness, IFLL Thematic Paper 4*. Leicester: NIACE.
- Field, J. and C. Spence. 2000. "Social Capital." In *The Necessity of Informal Learning*, edited by E. Coffield, 32-42. Bristol: Policy Press.
- Foot, J. and T. Hopkins. 2012. "Introduction." In *What Makes us Healthy? The asset approach in practice: evidence, action, evaluation*, edited by J. Foot, 5. London: Local Government Group.
- Fraser, N. 1997. *Justice Interruptus: Critical Reflections on the 'Postsocialist' Condition*. London: Routledge.
- Fraser, N. 2000. "Rethinking recognition." *New Left Review* 3: 107-20.
- Friedli, L. 2009. *Mental Health, Resilience and Inequalities*. Copenhagen: WHO Regional Office for Europe.
- Friedli, L. 2011a. "Always look on the bright side: The rise of assets based approaches in Scotland." *Scottish Anti-Poverty Review* 14 (Winter): 11-15.
- Friedli, L. 2011b. "What we know about: mental health and well-being." In *What makes us healthy? The asset approach in practice: evidence, action, evaluation*. edited by J. Foot, 12-15. London: Local Government Group.

- Friedli, L. 2013. “‘What we’ve tried, hasn’t worked’: the politics of assets based public health.” *Critical Public Health* 23 (2): 131-145.
- Friedli, L. and J. Boardman. 2012. *Recovery, public mental health and wellbeing. Implementing Recovery through Organisational Change*. Briefing Paper 3. London: Centre for Mental Health.
- Fullagar, S. 2008. “Leisure practices as counter-depressants: Emotion-work and emotion-play within women’s recovery from depression.” *Leisure Sciences* 30: 35-52.
- Fullagar, S. and W. O’Brien. 2014. “Social recovery and the move beyond deficit models of depression: A feminist analysis of mid-life women's self-care practices.” *Social Science and Medicine* 117: 116-124.
- Gewirtz, S. 2001. “Rethinking social justice: A Conceptual Analysis.” In *Sociology of Education Today*, edited by J. Demaine, 49-64. Basingstoke: Palgrave.
- Goffman, E. 1963. *Stigma: Notes on the management of a spoiled identity*. Englewood Cliffs, NJ: Prentice Hall.
- Hammond, C. 2002. *Learning to be Healthy*. London: Centre for Research on the Wider benefits of Learning.
- Hammond, C. 2004. “Mental health and well-being throughout the lifecourse.” In *The Benefits of Learning*, edited by T. Schuller, J. Preston, C. Hammond, A. Brassett-Grundy, and J. Bynner, 37-56. London: Routledge Falmer.
- Heginbotham, C. and K. Newbigging. 2014. *Commissioning Health and Wellbeing*. London: Sage.
- Henwood, K. and N. Pigeon, N. 1995. “Remaking the Link: Qualitative Research and Feminist Standpoint Theory.” *Feminism and Psychology* 5 (1): 7-30.
- HMG/DH (Her Majesty’s Government / Department of Health). 2011. *No Health without Mental Health*. London: Department of Health.
- Honneth, A. 1995. *The Struggle for Recognition* (trans. Joel Andersen). Cambridge: Polity Press.
- hooks, B. 1994. *Teaching to Transgress: Education as the Practice of Freedom*. New York: Routledge.

- Hopper, K. 2007. "Rethinking social recovery in schizophrenia: What a capabilities approach might offer." *Social Science and Medicine* 65: 868-79.
- James, K. 2005. *Learning and Skills for people experiencing mental health difficulties*, Briefing sheet. Leicester: NIACE.
- Johnston, R. 2006. "Adult learning for citizenship. Towards a reconstruction of the social purpose tradition." In *From Adult Education to the Learning Society: 21 Years from the International Journal of Lifelong Education*, edited by P. Jarvis, 408-28. London: Routledge.
- Joint Commissioning Panel for Mental Health. 2012. *Briefing*. London: Royal College of Psychiatrists.
- Kelly, L. 2011. "Reasonable responses to unreasonable behaviour?: Medical and sociological perspectives on the aftermaths of sexual violence." Paper presented at the British Sociological Association Mental Health Study Group symposium, *A Difficult Alliance? Making Connections between Mental Health and Domestic Violence Research and Practice Agendas*, Edge Hill University, June 7. Available: <http://www.britsoc.co.uk/study-groups/medsocmharchive.aspx>
- Lather, P. 1995. "Feminist Perspectives on Empowering Research Methodologies." In *Debates and Issues in Feminist Research and Pedagogy*, edited by J. Holland, M. Blair with S. Sheldon, 292-305. Clevedon: Multilingual Matters in association with the Open University.
- Lewis, L. 2009. "Politics of recognition: what can a human rights perspective contribute to understanding users' experiences of involvement in mental health services?" *Social Policy and Society* 8 (2): 257-74.
- Lewis, L. 2012a. "The Capabilities Approach, Adult Community Learning and Mental Health." *Community Development Journal* special issue on mental health and community development 47 (4): 522-37.

- Lewis, L. 2012b. *You Become a Person again': Situated Resilience Through Mental Health Adult Community Learning, Research Report*. For the Workers' Educational Association, March. Short version available at: <http://www.wea.org.uk/resources/research>.
- Lewis, L., J. Tew, H. Spandler and T. Devaney. 2013. "Mutual recovery': a transformative idea for mental health services?" Working Paper, University of Wolverhampton, January. Available: www.wlv.ac.uk/connectedcommunities
- Lister, R. 2004. "A politics of recognition and respect: involving people with experience of poverty in decision-making that affects their lives." In *The Politics of Inclusion and Empowerment*, edited by J. Andersen and B. Sim, 116-138. Hampshire: Palgrave Macmillan.
- Lister, R. 2007. "(Mis)recognition, social inequality and social justice: a critical social policy perspective." In *(Mis)recognition, Social Inequality and Social Justice: Nancy Fraser and Pierre Bourdieu*, edited by T. Lovell, 157-176. London: Routledge.
- Marmot, M., T. Atkinson, J. Bell, C. Black, P. Broadfoot, J. Cumberlege, I. Diamond, I. Gilmore, C. Ham, M. Meacher and G. Mulgan. 2010. *Fair Society, Healthy Lives. The Marmot Review. Strategic Review of Health Inequalities in England 2010*. The Marmot Review.
- Matrix Knowledge Group. 2009. *Lifelong Learning and Well-being*, IFL Public Value Paper 3. Leicester: NIACE.
- McCabe, A. and A. Davies. 2012. "Community development as mental health promotion: principles, practice and outcomes." *Community Development Journal* Mental Health Special Issue 47 (4): 506-521.
- McKie, L. 2006. "The Hidden Injuries of Everyday Life: Violations, Care and Health." *Medical Sociology Online*, 1: 61-72. Available: <http://www.britsoc.co.uk/study-groups/medsocmharchive.aspx>
- McKie, L. 2011. "States of Denial: Gendering Policy and Practice in Domestic Abuse and Mental Health Services." Paper presented at the British Sociological Association Mental Health Study Group symposium, *A Difficult Alliance? Making Connections between Mental Health and*

Domestic Violence Research and Practice Agendas, Edge Hill University, June 7. Available: <http://www.britsoc.co.uk/study-groups/medsocmharchive.aspx>

Mezirow, J., E. Taylor, and Associates, eds. 2009. *Transformative Learning Theory in Practice: Insights from Community, Workplace and Higher Education*. San Francisco, CA: John Wiley and sons.

NIACE (National Institute for Adult and Continuing Education). 2011. *Every women's right to learn: Setting the agenda for women and learning* (conference), March 7, London. See: <http://www.niace.org.uk/womeninlearning>

Nie, N. and D. S. Hillygus. 2001. "Education and democratic citizenship." In *Making Good Citizens*, edited by D. Ravitch and J. P. Vitteriti, 30-57. New Haven: Yale University Press.

Novitzky, J. 2013. "Learning and Health." Paper presented to the WEA Summer Festival, Birmingham, UK, NIACE, July 6. Available: <http://www.westmidlands.wea.org.uk/5-ways-wellbeing-wea-summer-festival>

O'Grady, H. 2005. *Woman's relationship with herself*. London: Routledge.

Paterson, L. 2014. "Education, Social Attitudes and Social Participation among adults in Britain." *Sociological Research Online* 19 (1) <<http://www.socresonline.org.uk/19/1/17.html>>

Patiniotis, J. and L. White. 2011. "Service users views of mental health and domestic violence: gendered needs and perspectives." Paper presented to the British Sociological Association Mental Health Study Group symposium, *A Difficult Alliance? Making Connections between Mental Health and Domestic Violence Research and Practice Agendas*, Edge Hill University, June 7. Available: <http://www.britsoc.co.uk/study-groups/medsocmharchive.aspx>

Pilgrim, D., A. Rogers and R. Benthall. 2009. "The centrality of personal relationships in the creation and amelioration of mental health problems: the current interdisciplinary case." *Health* 13 (2): 235-254.

- Pilgrim, D. and I. Vassilev. 2007. "Risk, trust and mental health services." *Journal of Mental Health* 16 (3): 347-357.
- Putnam, R. 1995. "Tuning in, tuning out: the strange disappearance of social capital in America." *Political Science and Politics* 28: 664-83.
- Ross, C. and J. Mirowsky. 1989. "Explaining the social patterns of depression: Control and Problem-solving or support and talking?" *Journal of Health and Social Behaviour* 30: 206-219.
- Ross, C. and J. Mirowsky. 2006. "Sex differences in the effect of education on depression." *Social Science and Medicine* 63 (5): 1400-13.
- Schuller, T, J. Bynner and L. Feinstein. 2004a. *Capitals and Capabilities*. London: Centre for Research on the Wider Benefits of Learning.
- Schuller, T., J. Preston, C. Hammond, A. Brassett-Grundy and J. Bynner. 2004. *The Benefits of Learning*. London: Routledge Falmer.
- Schuller, T. and D. Watson. 2009. *Learning through Life. Inquiry into the Future of Lifelong Learning*. Leicester: NIACE.
- Sen, A. 1999. *Development as Freedom*. Oxford: Oxford University Press.
- Sen, A. 2010. *The Idea of Justice*. London: Penguin Books.
- Sennett, R. and J. Cobb. 1972. *The Hidden Injuries of Class*. New York: W. W. Norton & Company.
- Social Exclusion Unit. 2004. *Mental Health and Social Exclusion: Social Exclusion Unit Report*. London: Office of the Deputy Prime Minister.
- Solar, C. 2005. "An inclusive pedagogy in mathematics education." In *Curriculum and Pedagogy in Inclusive Education: Values Into Practice*, edited by Melanie Nind, Kieron Sheehy and Jonathan Rix, 178-190. Oxon: Routledge Falmer.
- Staddon, P. 2009. "Women, alcohol and mental health. Achieving authenticity in a hostile environment." Paper presented to the BSA/SRN seminar series, *Researching in Mental Health:*

Sociological and Service User/Survivor perspectives, The British Library, London, May 11. Available: <http://www.britisoc.co.uk/study-groups/medsocmharchive.aspx>

Stefan, S. 1996. "Reforming the Provision of Mental Health Treatment." In *Man-Made Medicine: Women's Health, Public Policy and Reform*, edited by K. Moss, 195-218. Durham: Duke University Press.

Stoppard, J. 2000. *Understanding Depression: Feminist Social Constructionist Approaches*. New York: Routledge.

Taylor, C. 1991. *The Ethics of Authenticity*. Cambridge: Cambridge University Press.

Taylor, C. 1992. "The politics of recognition." In *Multi-Culturalism and 'The Politics of Recognition'*, edited by C. Taylor and A. Gutmann, 52-73. Princeton, NJ: Princeton University Press.

Taylor, R. 2013. "The threat to liberal adult education." *Adults Learning* 25 (4): 36-37.

Tew, J., ed. 2005. *Social Perspectives in Mental Health: Developing Social Models to Understand and Work with Mental Distress*. Philadelphia, Jessica Kingsley Publishers.

Tew, J. 2011a. *Social Approaches to Mental Distress*. Basingstoke: Palgrave Macmillan.

Tew, J. 2011b. "Recovery capital: what enables a sustainable recovery from mental health difficulties?" *European Journal of Social Work* 16 (3): 360-374.

Thompson, J. 1997. *Words in Edgeways. Radical Learning for Social Change*. Leicester: NIACE.

Thompson, J. 2007. *More Words in Edgeways. Rediscovering Adult Education*. Leicester: NIACE.

Tomlinson, M. and G. Kelly. 2013. "The politics and measurement of national wellbeing." *Policy and Politics* 41 (2): 139-157.

Unterhalter, E. 2003. "The capabilities approach and gendered education." *Theory and Research in Education* 1 (1): 7-22.

Watson, B. 2014. Scottish Association for Mental Health representative, interview on *You and Yours* radio programme phone in on mental health services, BBC Radio 4, January 21.

- Weiler, K. 1991. "Freire and a feminist pedagogy of difference." *Harvard Educational Review*, 61 (4): 449-474.
- Williams, F. 1999. "Good enough principles for welfare." *Journal of Social Policy* 28 (4): 667-87.
- Williams, J. 1996. "Social Inequalities and Mental Health: Developing Services and Developing Knowledge." *Journal of Community and Applied Social Psychology* 6: 311-6.
- Williams, J. 2005. "Women's Mental Health: Taking Inequality into Account." In *Social Perspectives in Mental Health: Developing Social Models to Understand and Work with Mental Distress*, edited by J. Tew, 151-167. Philadelphia: Jessica Kingsley Publishers.
- Williams, J. and P. Lindley. 1996. "Working with Mental Health Service Users to Change Mental Health Services." *Journal of Community and Applied Social Psychology* 6 (1): 1-14.
- Williams, J. and G. Watson. 1996. "Mental Health Services that Empower Women." In *Mental Health Matters. A Reader*, edited by T. Heller, J. Reynolds, R. Gomm, R. Muston and S. Pattison, 242-251. Basingstoke: Macmillan Press.
- Wolf, M. 2009. "Older Adult Women Learners in Transition." In *Social Capital and Women's Support Systems: Networking, Learning and Surviving*, New Directions for Adult and Continuing Education, no. 122, edited by C. Nanton and M. Alfred, 53-62. San Francisco, CA: Wiley.
- Woodward, V. 2013. "Health, empowerment and adult informal education." Paper presented to the WEAWM Summer Festival, Birmingham, UK, July 6.