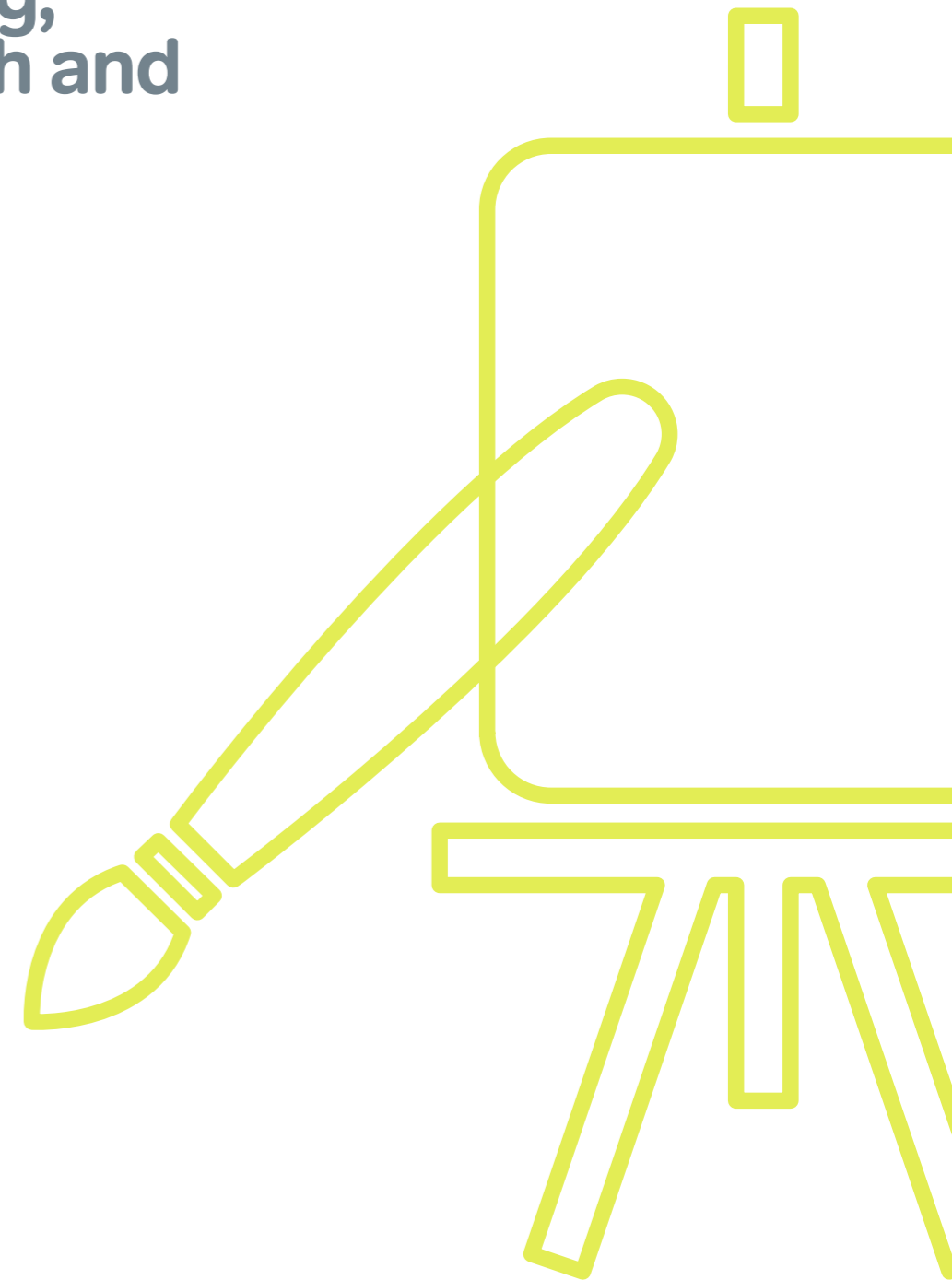


# Learning for Life

Adult learning,  
mental health and  
wellbeing



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Artwork appears courtesy of: Carlene Byland, Jeffrey Scott-Turner, Margery Hinchliffe and Pamela Connor.



Dr Andrew  
McCulloch

## Foreword:

# Dr Andrew McCulloch, Chief Executive of the Mental Health Foundation

**Depression and anxiety are among the most common and debilitating illnesses in society. They have a huge economic impact via lost working days and welfare benefit claims, but also an incalculable human cost.**

Many of us experience symptoms of depression and anxiety at some point; most of us find ways of managing these symptoms so that they do not impair our everyday lives. For some, however, the symptoms of depression and anxiety can hamper the ability to enjoy life, which makes it difficult for the person to begin thinking about how to recover.

Many people who experience mild or moderate depression and anxiety won't think of themselves as having a mental illness, or any kind of health problem. Visiting a traditional mental health service in this context may seem both stigmatising and frightening. Unfortunately, these people are less likely to navigate their way to seeking appropriate support and may continue to suffer unnecessarily.

Support from mental health services does not always have to involve medication or specialist forms of therapy. Engagement in local community activities can help people with less severe symptoms. Community activities, such as exercise referral schemes, are already available through GPs on 'prescription' in some areas. This report highlights the possible benefits of another type of prescription - the community-based adult learning programme.

Health and social services will soon be restructured in light of major funding cuts. All mental health services must prioritise cost effective responses. High cost specialist mental health support will be available only to those who most need it. This report shows that community-based adult learning interventions could form part of the solution for people who have less severe symptoms as well as for those who are already on the road to recovery from a more severe illness.

The time has come to adopt a wider range of evidence based responses to common mental health problems, more tailored to individual needs and choice. This may not always be easy to organise but it has potential to be more cost effective, to encourage higher levels of participation and to leave a lasting legacy of new skills and better health for those who take part.

A handwritten signature in black ink that reads "Andrew McCulloch".

Dr Andrew McCulloch  
Chief Executive  
Mental Health Foundation

‘Learning  
never exhausts  
the mind’

Leonardo da Vinci

# 01 Executive Summary

**Background**  
Around a quarter of British adults will experience a diagnosable mental health problem in any one year, of which anxiety and depression are the most common.

Such problems are associated with high levels of distress, feelings of hopelessness, guilt, irritability, panic, loss of self-confidence and loss of interest in life. Mental health problems seriously affect people's wellbeing and may lead to physical illness, problems at work, unemployment and a breakdown in relationships.

Learning and education can have a positive effect on wellbeing. This has been reflected in numerous research studies. The Coalition Government's new mental health strategy recognises the link between learning and mental health. It highlights the importance of cross-departmental collaboration to support the nation's mental health and wellbeing.

Such collaborations between health and education services have already taken place. A partnership between Northamptonshire Teaching Primary Care Trust and Northamptonshire County Council Adult Learning Service resulted in the Learn 2b programme; a series of community-based adult learning courses for people with mild to moderate depression and anxiety.

The programme was structured around three themes: wellbeing, creative expression and healthy living. A wide variety of courses were offered, including stress management, creative writing and yoga. People could self-refer onto the programme or they could be referred through primary care (e.g. through their GP).

The Mental Health Foundation independently evaluated this programme over a period of three years. Data were collected from people who attended Learn 2b courses. This report describes the findings of the evaluation.

**Method**  
Across a twelve month period, standardised questionnaires were collected from each participant on four occasions:

- 1 Before attending their first course.
- 2 At the end of their first course.
- 3 Six months after the end of their first course.
- 4 Twelve months after the end of their first course.

In total, 256 people who attended courses participated in the evaluation. Participants were also invited to provide more detailed feedback through telephone interview. A small number of interviews and focus groups with tutors were completed.

**Findings**  
**Participants were positive about the courses. On average, they experienced better wellbeing and less severe symptoms of depression and anxiety after finishing the courses than before the course. These improvements were sustained for the 12 month follow up period. A huge majority (94%) of participants said that they would recommend the programme to a friend.**

Participants reported feeling less isolated after attending courses. They learnt new skills which helped them recover and the informal, community-based setting made it easy for people to attend. This was an advantage over the more formal, clinical settings of other services.

Tutors felt that it was important to manage expectations, particularly after the course ended. In some cases, a community group continued after the course ended. Some people formed social groups with other course attendees or kept contact with each other through virtual communities.

**Conclusions**  
**Community-based adult learning programmes such as this provide a simple, low cost way of helping to reduce symptoms of mild to moderate depression and anxiety. This type of service, within primary care settings, could be used for some people as an alternative to other treatments such as medication.**

People with mental health problems may face additional difficulty and discrimination in the labour market, or may not have the confidence to attend mainstream adult learning sessions. Community-based adult learning programmes should link with employment and mainstream education providers; colleges, work placement schemes and employment agencies. This may include supported employment programmes (such as job coaching and transportation) to help unemployed people return to the labour market.

Community-based adult learning programmes will need to be creative in order to survive in this economic environment. PCTs/GP consortia may wish to commission such services. Referral links with primary care, especially GPs, are important. The organisations that run these programmes may wish to form social enterprises to help with finding a position within the new commissioning landscape. Further research must explore how these types of programmes are viewed by GPs and others who may refer people to them.

**Key recommendations**

- 1 Community-based adult learning programmes can help people manage mild and moderate mental health problems in a non-stigmatising way. Primary Care Trusts and future GP consortia should, in cooperation with local authorities, consider commissioning such programmes. Primary care workers, including GPs, should consider referring appropriate people to such courses.
- 2 Central government and local authority funding for community-based adult learning should take into account its contribution to individual and community wellbeing. Given the known economic and social burden of poor mental health, further research should be undertaken into the cost-effectiveness of investing in adult learning.
- 3 Programme curricula should include strategies to follow up with adult learners after courses finish, to ensure that benefits are maintained. This may include developing communities of interest or setting goals for education and employment beyond the programme itself.
- 4 Community-based adult learning should be seen within the context of community wellbeing. Programmes should link mental health care, education and employment services.
- 5 Improving Access to Psychological Therapies (IAPT) teams should consider including community-based adult learning programmes in their work.
- 6 Future research should focus on how courses are accessed, exploring the opinions of potential referral agencies, such as GPs. This would maximise the potential of these programmes in the present economic climate.

**This type of service, within primary care settings, could be used for some people as an alternative to other treatments such as medication.**

**‘The beautiful thing  
about learning is  
nobody can take  
it away from you’**

**B. B. King**



## 02 Introduction

**Around a quarter of British adults will experience a diagnosable mental health problem in any one year, of which anxiety and depression are the most common. These can have a devastating impact on an individual, their friends and family. They can make everyday activities difficult, resulting in social isolation, sleep problems, changes in appetite and poor concentration<sup>01</sup>.**

They can affect physical health, increase blood pressure, weaken the immune system, and hinder recovery from physical illness<sup>02</sup>. Over 16% of the population in England meet the criteria for anxiety or depression, which often occur together<sup>03</sup>.

Poor mental health has enormous social consequences and economic costs. People with mental health problems may experience stigma and social exclusion<sup>04 05</sup>, discrimination at work<sup>06</sup>, and are more at risk of losing their job<sup>07</sup>. An estimated 70 million sick days taken from work are due to mental health problems; 40% of the total number of days taken in a year<sup>08</sup>. In England alone, during 2009 and 2010, these types of losses cost the equivalent of £30.3 billion, with the direct economic cost of health and social care totalling £21.3 billion<sup>09</sup>. The World Health Organisation highlights mental illness as a significant problem of the future. In England, the Department of Health identified mental illness as a public health concern<sup>10</sup>.

Pinpointing a single cause for mental health problems is difficult. Genetic predisposition is likely to play a role<sup>11</sup>. Psychological, social and environmental factors are important; isolation, unemployment, poor housing, low income or educational level<sup>12 13</sup>, distressing life events<sup>14</sup> and childhood events<sup>15 16</sup>. Mental health is influenced by a variety of factors. Services should view mental health problems using an integrative model<sup>17</sup>.

**‘Wellbeing is associated with such social qualities as confidence, optimism about the future, a sense of influence over one’s own destiny, and the social competences that promote satisfying and supportive relationships with other people – and not simply with an absence of diagnosed illness, disability or dissatisfaction.’<sup>18</sup>**

Thinking about mental health in terms of ‘wellbeing’ emphasises the ‘positive physical, social and mental state’<sup>10</sup>, rather than merely the absence of illness. Recovery from mental illness is unique to each individual. It emphasises the journey an individual will take to become in control of their condition. Recovery may include self-help, feelings of empowerment, an understanding of the mental illness, social networks, sense of hope, a meaningful role in society and a positive personal identity<sup>19</sup>.

Learning is one way to improve wellbeing by addressing each of the aforementioned aspects of recovery. Those working in education have long recognised the benefits of lifelong learning. The Foresight report identified it as one of five ways to improve mental wellbeing<sup>20</sup>:

**‘Learning through life has direct impacts on the mental health and wellbeing of the UK population across all age groups.’**

Learning gives direction to people’s lives<sup>21</sup>. Attending adult learning can facilitate friendships, improvements in physical health<sup>22</sup> and greater social support<sup>23</sup>. Education reduces the risk of developing depression, particularly in women<sup>24</sup>. Learning can lead to increased self-confidence<sup>22</sup>, optimism<sup>25</sup> and self-esteem:

**‘I realised after being on the course for a while that I could pick up things and see them from a different angle. Before, I had tunnel vision. Then I began to expand my mind, to take on other points of view.’<sup>26</sup>**

The Coalition Government has published its mental health strategy for England<sup>27</sup>. This recognises the importance of learning for good mental health and encourages collaboration when commissioning services to support mental health and wellbeing. The Department for Business, Innovation and Skills (BIS) aims to:

**‘Reinvigorate and reform informal adult and community learning to support the Big Society and reach out to those most in need of help.’<sup>27</sup>**

**2.1 Treatment of common mental health problems**  
**Most people experiencing common mental health problems in England do not receive treatment<sup>03</sup>. Many do not identify themselves as having such a problem, possibly due to the stigma associated with a diagnosis<sup>28</sup>.**

Most who do access professional support seek help from their GP, a first point of contact in primary care. The Government recognises how primary care can work with other services:

**‘The considerable scope for the primary care setting to play a pivotal role in providing more integrated access to appropriate sources of help such as social, psychological and occupational care.’<sup>20</sup>**

The National Institute for Health and Clinical Excellence (NICE) provides guidelines for treatment of depression and anxiety in primary care<sup>29 30 31</sup>. The two main courses of treatment recommended are medication and Cognitive Behavioural Therapy (CBT), a form of psychological treatment.

Medication is the most regular treatment used for people experiencing common mental health problems<sup>03</sup>. NICE states that people with moderate depression should be routinely offered antidepressant medication before psychological treatment. Antidepressants alter the balance of brain chemicals called neurotransmitters; particularly the chemicals serotonin and noradrenalin which influence mood. Side effects may include tiredness, nausea, headaches, agitation and sexual dysfunction. Some people experience unpleasant withdrawal effects when they stop taking antidepressant medication including stomach upsets, anxiety, vivid dreams, dizziness and flu-like symptoms. Medication may not always be the most appropriate treatment for everyone and can be used in conjunction with other methods.

A number of psychological therapies are used to treat people with depression and anxiety. CBT is most widely available. It aims to help people understand the relationship between thought patterns, feelings and behaviour, to identify negative thoughts and find more positive ways of thinking, and change behaviours that negatively impact on mental health.

Problem solving therapy is when the therapist and individual work together to identify ways of addressing specific problems. Interpersonal Psychotherapy (IPT) focuses on an individual’s current relationships and identifies problem areas within these that cause negative feelings. In counselling the therapist will listen to the clients’ problems and will support them to think about ways they can tackle them.

NICE guidance recommends that psychological treatments be made available for people with anxiety or depression. Following medication, CBT is recommended as the treatment choice for mild and moderate depression. Counselling and problem solving therapy should be considered as options for people experiencing mild to moderate depression. IPT should be considered for the treatment of moderate and severe depression if the patient expresses a preference for it over CBT or if the clinician feels it would be more appropriate.

Psychological therapies are not always accessible. Waiting lists for therapies such as CBT may be an average of five months<sup>32</sup> and people can wait up to two years for counselling and psychotherapy<sup>33</sup>. A study by the Mental Health Foundation found that 78% of GPs had prescribed antidepressant medication to their patients despite believing that an alternative treatment might be more appropriate; 62% stated that they made this choice because of long waiting lists for an alternative; and 60% said that this was because a suitable alternative was not available<sup>34</sup>.

**2.2 Social Prescribing**  
**People with mild to moderate mental health problems may benefit from non-medical treatments. Social prescribing links people with sources of support in their local area, promoting wellbeing and recovery in terms of social support, making a meaningful contribution to a community, engaging in positive activity, developing skills and promoting self-management<sup>35</sup>.**

Communities benefit by increasing the number of activities available to the local population, enabling voluntary organisations to promote wellbeing, and reducing waiting lists for psychological treatments within primary care services<sup>36</sup>.

Social prescribing initiatives across the UK have used information, exercise or creative arts. Support coordinators in GP practices may provide information about community services and activities, referring people to relevant programmes. Patients may access 'information prescriptions' through a library of information on health issues. There is limited evidence for the effectiveness of these initiatives for supporting people with mental health problems, however, people accessing a referral support program showed greater improvements in anxiety, feelings about their health and quality of life when compared with standard GP care<sup>37</sup>.

Exercise is known to improve mood, cognitive functioning, body image, and reduce levels of stress and sleep disorders<sup>38 39 40 41</sup>. In some areas, GPs may refer people to activities such as gym, yoga, healthy walks and sports. Such programmes have been shown to improve the physical and mental wellbeing of people experiencing mild to moderate depression<sup>42</sup>. In one study, 68% of patients with depression who accessed an exercise programme had reached a non-clinical status three months later<sup>43</sup>. After 16 weeks of treatment, supervised exercise referral programs may be as effective as antidepressant medication<sup>44</sup>.

Art prescription schemes involve workshops or classes where people try different types of arts and crafts, creative writing, drama or dance. Engagement in creative arts groups may lead to improved self-esteem, feelings of empowerment and improved quality of life<sup>45 46</sup>. There is some evidence that these activities encourage self-expression and the process of creating results in a sense of pride<sup>47</sup>. Few studies investigate the effectiveness of creative arts for supporting people with mental health problems.

**2.3 Learning on prescription**  
**Social prescription can be applied to learning and education. There is inconclusive evidence for the effects of adult education on mental health; one study suggested that it can be an effective way of managing stress and reducing anxiety and depression<sup>48</sup>, but a clinical trial for stress management compared CBT in adult education group settings with a traditional anxiety management group and this study did not find evidence to suggest that courses for management of stress and anxiety were effective<sup>49</sup>.**

In 2000, the National Institute of Adult Continuing Education (NIACE) developed learning on prescription projects in three GP surgeries in Nottingham. Learning Advisers were employed to help anyone who expressed an interest in returning to education. They supported patients to access appropriate learning opportunities. 70% of patients who accessed this service attended further courses or began voluntary work and all who offered feedback felt it had a positive impact on their health<sup>50</sup>.

The Start project, based in Manchester, aimed to support people experiencing mental health problems to enter mainstream education through access courses. This represented a partnership between health and education. Courses were taught by an adult education tutor and a tutor employed by Manchester Mental Health Trust. People who accessed the program reported a positive impact on mental health and many went on to access mainstream education courses<sup>51</sup>.

Mainstream adult learning programmes that improve basic skills may positively impact upon income and employability. An evaluation of a numeracy and literacy programme found that 13% of learners moved into full time or part time employment or began a further education course after accessing community-based adult learning courses<sup>52</sup>.

Returning to work is likely to have a positive impact on wellbeing, since unemployment and low income can lead to poor mental health<sup>13</sup>.

Such programmes may benefit local communities. A study exploring the impact of learning on 336 adults over two years found that almost a third of learners reported an increased involvement in social, community or voluntary activities<sup>53</sup>. A cross-national study looking at data from 15 countries found that education was associated with lower crime rates and greater community engagement<sup>54</sup>. One report also found that attending between three and ten leisure courses raised racial tolerance by 75%<sup>55</sup>.

A partnership between adult education providers and Primary Care Trusts (and the new local GP commissioning consortia that are scheduled to replace them) could support people with mild to moderate mental health problems, particularly in light of the unstable economic climate, and subsequent cuts to mainstream services. Adults experiencing mental health difficulties have traditionally been excluded from adult education<sup>56</sup>, and learning on prescription projects could make adult learning services more inclusive. This could help partners to meet the requirements of the Equality Act (2010).

Learning on prescription could be used as an alternative or supplementary treatment for patients in primary care, particularly where psychological therapies are difficult to access or where costs associated with these services are high. They may also be useful for people who choose not to access mental health services due to perceived stigma. This report outlines the findings of an independent evaluation of one such community-based adult learning programme.



**3.1 Setting**  
**The Changing Minds Centre (part of Northamptonshire Teaching Primary Care Trust) and Northamptonshire County Council Adult Learning Service developed Learn 2b. This was a three year programme of community-based adult learning courses that aimed to offer non-medical treatments for people experiencing mild to moderate anxiety and depression.**

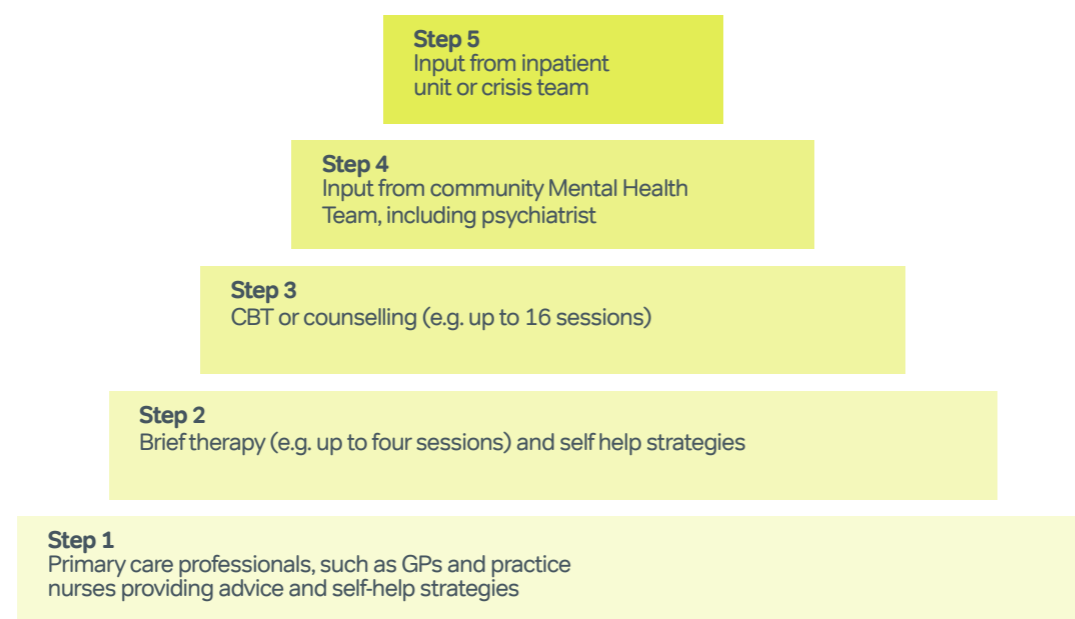
The programme was funded by the Skills Funding Agency (an agency of BIS, and formerly known as the Learning and Skills Council), which awarded a contract to Northamptonshire County Council to provide adult learning services.

The Changing Minds Centre developed local multi-disciplinary wellbeing teams which began operating in September 2008. These incorporated the Improving Access to Psychological Therapies (IAPT) programme for Northamptonshire.

The wellbeing teams were split across four sites in the county, employing approximately 50 clinicians including nurses, social workers, counselors and primary mental health workers.

There were three main referral routes into Learn 2b: the GP, the wellbeing team, and self-referral. Upon referral, the Changing Minds Centre contacted the client to find out whether they would be appropriate to attend. Stepped care models<sup>57</sup> were adopted, as they are across IAPT services. Such models describe a series of steps, each representing an increased need for specific mental health input. Figure 1 illustrates the stepped-care model.

**Figure 1**  
Stepped-care Model



Learn 2b courses were designed for people on the first three steps of the care pathway. People at steps four and five were typically placed on a Care Programme Approach (CPA) before being seen by the wellbeing team.

Learn 2b courses were structured around three themes: wellbeing (CBT, stress management, confidence building), creative expression (creative writing, painting, drawing, card making) and healthy living (food and mood, yoga, complementary therapies). The majority of courses ran for two hours, once per week over several weeks (typically between four and nine weeks). The courses ran either in weekday daytime (39% of courses), weekday evenings (34%) or on Saturdays (27%). Courses were taught by accredited adult learning tutors and were eligible for statutory quality control procedures, such as Ofsted inspection.

**3.2 Design**  
**Methodological and logistical challenges were considered. Methods were chosen to minimise inconvenience to participants and service providers. The evaluation was designed to avoid disrupting or deterring participants from attending courses. The geographical distance between the service base in Northamptonshire and the research team’s base in London was a logistical constraint.**

The evaluation design was reviewed and shaped over six-months. An action research project was proposed, open to all GP surgeries across Northamptonshire, aimed at investigating the use of community-based adult learning programmes for people with mild to moderate mental health problems. The evaluation consisted of:

- A quantitative, longitudinal exploration of the impact of community-based adult learning on recovery from mental health problems.

- A qualitative exploration of individuals’ recovery linked with Learn 2b.
- A qualitative exploration of tutors’ experiences of delivering Learn 2b courses.

The longitudinal aspect of the study involved collecting data from participants at four time points (T1 – T4):

- T1: upon a participant starting their first Learn 2b course.
- T2: upon a participant finishing their first Learn 2b course.
- T3: six months after a participant finished their first Learn 2b course.
- T4: twelve months after a participant finished their first Learn 2b course.

Action research promotes collaborative working between stakeholders. It enables a reflective, problem solving process, allowing practice to be challenged and developed. Lessons learnt during the research process were used to improve the Learn 2b project.

**3.3 Materials**  
**Evaluation outcomes were collected using the Hospital Anxiety and Depression Scale (HADS)<sup>58</sup> and the Recovery Evaluation Form (REF). The HADS is a validated scale for measuring clinical outcomes. It consists of two subscales, one for measuring depression and one for measuring anxiety. The participant provides answers to a series of statements based on their experience over the past week.**

There are 14 statements, seven for anxiety and seven for depression. Each question has four levels of response, scored on a scale from 0 to 3. The maximum score is 21 and the minimum is zero for both subscales. A score of 11 or higher indicates the probable presence of the mood disorder and a score of 8 to 10 may suggest presence of the mood disorder. The HADS is divided into four ranges: normal (0-7), mild (8-10), moderate (11-15) and severe (16-21).

The REF is not a validated scale, but was identified by the project team as the most appropriate tool for measuring recovery in this evaluation. The REF was designed by mental health service users, providers and commissioners in Northamptonshire and based upon other pre-existing recovery tools, such as the Developing Recovery Enhancing Environment Measure (DREEM)<sup>59</sup>. The REF uses a five-point rating scale to indicate levels of agreement with twenty-four statements exploring different aspects of mental health recovery. The REF also includes demographic information, data about medication and employment status. Further space is provided for participants to identify, in their own words, their views and experiences of recovery.

Three versions of the REF were produced for this evaluation: a 'first stage REF' completed on a participant's opening session at participant's first Learn 2b course, an 'end of course REF' to be completed on the final session of their first course, and a 'follow-up REF' to be completed at the 6 month and 12 month intervals following their first attendance. Appendix 1 provides a copy of each REF version.

Two separate interview schedules were developed to capture qualitative data from learner participants and from tutors (see Appendix 2). Interview schedules consisted of a series of open-ended questions, derived from the literature review. The project steering group reviewed these schedules.

### 3.4 Ethical issues

**This evaluation received ethical approval from the Leicestershire, Northamptonshire and Rutland Research Ethics Committee. Research Governance approval was received from Northamptonshire Teaching Primary Care Trust.**

All participants were provided with an information sheet. This stated the study purpose, what participation entailed, and issues surrounding ethics and confidentiality. Participants were also given names and contact details of the researchers and of the Learn 2b project manager, in case they had any questions about the research. Written informed consent was obtained from all participants. Anonymity codes were assigned to all participants to conceal their identities. Data were stored in accordance with the Data Protection Act 2003; electronic files were password protected and held on a secure server, with hard copy questionnaires and consent forms stored in a locked filing cupboard.

### 3.5 Procedure

**Everyone attending a course was offered the opportunity to participate in the evaluation. Tutors provided adult learners with consent forms and information sheets about the study and adult learners were given the choice to 'opt in' to the evaluation, including sharing further views in a telephone interview. Data was then collected from participants at each of the four time points.**

At T1, tutors collected consent forms and questionnaire responses. These were delivered to the research team. Tutors also collected data at T2, when the participants had reached the end of the course.

At T3, all participants who had consented to take part in a telephone interview were contacted by a researcher at the Mental Health Foundation to arrange an interview. Participants were interviewed using the T3 interview schedule and were asked to complete T3 questionnaires (either by post or email). They were also informed that the research team would contact them with a final set of questionnaires at T4.

A protocol was developed for participant contact. Unavailable participants were left a voicemail reminding them of the research project and asking them to contact the research team. If there was no response to this message, two further phone calls were made, after which another voicemail was left explaining that they would be sent the questionnaires along with a freepost envelope and that there was still the opportunity to be interviewed if they wished.

Only participants who returned questionnaires at T3 were asked to complete questionnaires at T4. Participants who completed T3 data were contacted once at T4 to inform them that the research team would be sending a final set of questionnaires. Once again these were offered either by post or email, to ensure the highest possible response rate.

Collecting T3 and T4 data from participants was challenging. The steering group agreed the following strategies for collecting data at T3:

- Contacting participants after 18:00, to connect with people who may be working during the day.
- Follow up calls and letters to all participants who did not return questionnaires.
- Giving participants the option to return questionnaires via email.

Telephone interviews were done with a sample of Learn 2b tutors. The Changing Minds Centre hosted a focus group for tutors, which the research team facilitated. Telephone interviews were conducted with tutors after the Learn 2b programme had finished. Interviews and focus groups were recorded and transcribed.

### 3.6 Participants

**In total, 299 adult learners consented to participate in the evaluation; three formally withdrew. Participants did not return data and were deemed to have dropped out of the evaluation.**

This left an active pool of 256 participants. The number of participants responding to the HADS and REF questionnaires at each of the four time points varied. Table 1 shows the sets of HADS and REF forms collected from individual learners over the course of the evaluation.

**Table 1: Assessments collected at each time point**

	T1	T2	T3	T4
REF	201	197	113	62
HADS	185	144	114	62

Table 2 shows available data for participants over multiple time points.

**Table 2: Participants completing assessments over multiple time points**

	T1/2	T1/3	T2/3	T1/2/3	T1/4	T1/2/3/4
REF	166	80	84	71	49	44
HADS	124	80	68	81	46	36



The number of people completing both T1 and T3, and the number of people completing T1 and T4 data are important, since they allowed the research team to track participants over time. The data comparing T1 and T2 reveals how participants felt at the beginning and end of their first Learn 2b course.

The number of people attending Learn 2b courses across the three themes (healthy living, creative expression and wellbeing) varied. Table 3 shows that the majority of participants attended a wellbeing course.

**Table 3: Number of participants per theme of course taken**

Course Theme	Healthy Living	Creative Expression	Wellbeing
Number of participants (n=256)	44	51	161

The majority of the sample were female (n=180, 70%). A total of 220 participants (86%) disclosed their ethnicity. Of these, the majority of participants were from a white British ethnic background (89%). Other ethnicities in the sample included; Irish (2%), white and black Caribbean (2%), Indian (2%), Bangladeshi (2%). A smaller number of participants represented the following groups: Polish (2 participants), Chinese, Czech, Dutch, Turkish, Russian, Latin American and Vietnamese (1 participant each).

The number of participants in certain age groups is shown in Table 4, with the largest number of participants aged between 36–46 years:

**Table 4: Age of research participants**

Age group	18/25	26/35	36/45	46/55	56/65	65+
No. of participants	15	36	59	56	40	10

A total of 195 participants completed the question relating to employment at T1. The greatest proportion were working full time (33%), whilst others were employed part time (23%) or involved in voluntary work (8%). A total of 40 participants (21%) reported that they were not working at T1, but did see themselves working again in the future. Others reported that they were in education (3%) or that they were not working but were 'happy with their life' (13%).

A total of 159 participants completed the question relating to previous access of mental health services at T1; 47% had accessed support services in the past (n=74), 50% had not previously accessed services (n=80), and the remainder were not sure if they had accessed support. The most commonly reported sources of support included seeing their GP, CBT, counselling and peer support.

A total of 177 participants answered the question relating to current support for wellbeing; 94 participants (53%) were not receiving any support outside of Learn 2b. 78 participants (44%) were currently receiving support, including: seeing their GP, receiving support from NHS mental health team professionals (for example, a psychiatrist, Community Practice Nurse or support worker), counselling, or other local mental health groups. The remainder did not know the answer to this question.

Amongst those who responded to the question on medication at T1 (n=152), 57% were taking medication for their wellbeing.

Of the participants that consented to take part in a telephone interview, 73 were interviewed by the research team at T3. Sampling of participants for interviews continued until reaching the point of data saturation, i.e., when no new themes were being derived from the analysis of the data.

7 Learn 2b tutors took part in telephone interviews. An additional three tutors participated in a focus group at the Changing Minds Centre.

### 3.7 Data analysis

**Quantitative data were collated and analysed using SPSS for Windows<sup>60</sup>. Descriptive statistics were used to ascertain frequencies, such as the number of males and females participating in the evaluation. Interpretive statistics were used to analyse trends in the data, such as a reduction in depression scores (as measured on the HADS) from T1 to T3 and T4.**

Paired t-tests were used to ascertain the statistical significance of any differences detected. Analysis focused on participants who completed data for more than one time point. Participants who only completed questionnaires for one time point were excluded from the analysis. Cost effectiveness was estimated using figures relating to medication and employment from the REF.

Qualitative data were analysed thematically. Learner interviews and tutor interviews were analysed separately. Themes were noted as they arose from the data, many of which were related to the framework provided in the interview schedule. Two researchers coded the transcripts in accordance with this framework. The researchers then met to discuss coding. The coding framework was subsequently refined, similar themes were merged and sub-themes were created where appropriate.

All artwork and poetry featured in this report has been kindly donated by a number of people who attended a Creative Expression course with Learn 2b.

These courses use creative writing, arts and crafts to aid expression and creativity. For some of the adult learners it allowed them to pursue an existing interest, whilst for others it provided the opportunity to explore creative writing and art for the first time.

Carlene Byland



Carlene Byland

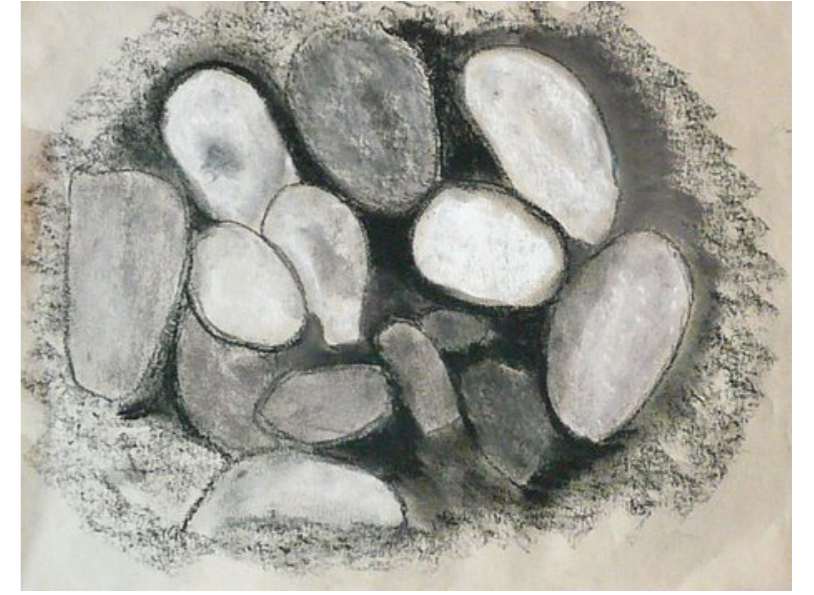


Carlene Byland





Pamela Connor



Pamela Connor



Pamela Connor



**Relax!**  
Margery Hinchliffe

**You need to relax the counsellor said  
You're stressed and depressed and strained in the head.  
Read these instructions, listen to the disc  
You'll learn to relax, great fun and no risk.**

**OK, I said, I'll give it a go  
I'm really fed up with feeling so low.  
I hurried back home, instructions all read  
Couldn't wait to go to bed.**

**Pillows all plumped, lights subdued,  
Put on the nightie, multi-hued.  
So excited, put the disc in  
This great relaxation is about to begin.**

**The instructions said to start from the toes.  
Oh, hang on, I've an itch on my nose.  
OK, OK, I'm emptying my mind.  
That cheque I posted, was it signed?**

**The music's nice, now whales are singing  
I really wish they'd stop the killing  
They are so beautiful, swimming about  
The cruel slaughter makes me want to SHOUT!**

**Calm down, calm down, you must start again  
One deep breath and count to ten  
Smooth the cover, straighten the sheet  
From the toes up, oh no, I've got cramp in my feet.**

**Walk the cramp off, back into bed  
Snuggle down, empty my head  
Rainforest now, nice, trees strong and tall  
What's that black smudge on the wall?**

**Pan pipes soothing, wonderful feeling  
That black smudge has moved to the ceiling!  
Oh no, it's a spider, my biggest fear  
Try not to scream, the neighbours will hear.**

**Right, the spider's gone to a better land  
This isn't going as I planned  
My heart is racing, my legs are like jelly,  
relax be damned, I'm watching the telly!**

A tip o' the hat to a line  
in *The Merchant of Venice*  
by William Shakespeare  
Jeffrey Scott-Turner

I am sad because I am not jolly.  
Do I have to give you a good reason?  
There is no logic to melancholy.  
It defies clock watch time or sane reason.

Saturn and Jove in dire opposition.  
Rain and cloud on a dreary and dull day.  
Do I need to define a proposition?  
Let us just say the sun has gone away.

But the reason is there in the lurking  
And not the first second third we do tell.  
The honest truth is not for the shirking.  
It is hidden in the bowels of Hell.

It is not a telling I would shout.  
I don't let conniving demons out.

Answer me this and be  
Brave in your reply  
Candid to admit  
Doubts  
Express  
Fears or  
Grievances you may be  
Harbouring  
Inside  
Jealously  
Keeping away  
Loving kindness from  
Moulding you to a

New  
Open  
Person  
Quite assured and  
Resilient  
Self-confident  
Tenacious  
Upstanding and  
Victorious.  
Who has that  
X-factor to achieve  
Your  
Zenith.



**4.1 Quantitative data**  
**The primary outcomes for this study were mental health symptoms of anxiety and depression (as measured by the two sub-scales on the HADS) and wellbeing (as measured by the REF). Table 5 shows the scores across T1, T2, T3 and T4 data, where available.**

**Table 5: Mean REF and HADS scores at T1, T2, T3 and T4**

	Mean REF Wellbeing Score*	MeanHADS Anxiety Score**	MeanHADS Depression Score**
T1(n=201)	41.0	12.1	8.7
T2(n=197)	36.0	9.5	6.4
T3(n=111)	36.9	9.8	6.6
T4(n=62)	36.7	8.4	5.7

\* Lower scores on the REF indicate better wellbeing  
\*\*Lower scores on the HADs indicate less severe symptoms

Table 5 shows that the mental wellbeing of adult learners improved after people had completed a Learn 2b course. Participants improved on all three domains (wellbeing, depressive symptoms and anxiety symptoms) and these differences were maintained at T4. The average HADS score for anxiety shifts from a classification of 'moderate anxiety' to 'mild anxiety' and the HADS depression score shifts from 'mild depression' to a sub-clinical score.

These differences were statistically significant for anxiety (t=3.7, df=79, p<0.01) and depression (t=4.1, df=79, p<0.01) when using a paired t-test analysis for those participants who had completed the HADS at T1 and T3 (n=80). The result was also statistically significant using equivalent analysis for wellbeing scores on the REF (n=80), (t=3.7, df=79, p<0.01).

A paired t-test analysis was again used for those participants that had completed T1 and T4 HADS and REF data. These differences were also found to be statistically significant for anxiety (t=3.1, df=45, p<0.05) and depression (t=4.6, df=45, p<0.01). Similar results were observed in wellbeing scores taken from the REF, which were also found to be statistically significant (t=3.1, df=48, p<0.05).

Of those individuals who reported a change in employment status at T3 (n=30), ten reported becoming employed since attending Learn 2b courses, five working part-time and two reported changing their career. Four participants reported that they had started volunteering locally. A further four participants reported becoming unemployed since the end of the course, three reported going on sick leave and two had taken early retirement.

Since attending a Learn 2b course, 31 participants reported that they had attended courses in further education. Ten of the participants who completed the T3 survey reported going to do a college or university course, 12 reported going on to other adult education courses, and six reported going on other types of course, such as a health and safety course. 19 participants reported that they had joined a new club or society since attending a Learn 2b course. The majority (89%) of those who responded to the question of future learning opportunities (n=82) reported that they would be interested in pursuing further courses.

Since first starting a Learn 2b course, a large number of adult learners went on to attend further Learn 2b courses (n=66). Some participants went on to access a number of different Learn 2b courses, with some attending courses across a number of the themes.

Regarding medication, 124 participants responded to this question on the REF in both T1 and T2 and there were no significant differences in the proportion of people taking medication. However, amongst those participants who responded to the same question for both T1 and T3 (n=60), there were marked differences; 39 of these participants were taking medication at T1, compared to 24 at T3. These differences were shown to be statistically significant using Wilcoxon signed-ranks test (p<0.01).

The effectiveness of Learn 2b was analysed for those who were taking medication at T1, and who returned both HADS and REF at T1 and T3 (n=39). The average anxiety score for those taking medication decreased from 11.8 to 10.1, and the average HADS score for depression also decreased from 9.8 to 7.9. This score for depression represents a shift from the classification of 'mild depression' to that of a sub-clinical score. Average scores for wellbeing were seen to decrease from an average of 42.8, to an average score of 38.4, indicating an improvement in wellbeing, though these results were not statistically significant.

The effectiveness of Learn 2b was analysed for those who were not taking any medication at T1 and who returned both HADS and REF at T1 and T3 (n=65). Participants who were not taking medication appeared to benefit from the programme. Average scores on the HADS for anxiety decreased from 10.7 to 10 over six months, and average HADS depression scores decreased from 7.3 to 6.7. Similarly, wellbeing improved according to the scores taken from the REF from an average of 39 (T1) to an average score of 37.5 (T3). However, these results were not statistically significant.

156 participants answered the question relating to how they first heard about Learn 2b. The largest proportion first heard about it through their GP (33%), 17% through a wellbeing team and 9% through a friend or family member. Only 8% had heard through a peer support worker, 4.5% through a primary care worker, 4.5% through the prospectus and 3% through the website.

183 participants answered the question regarding access and referral to Learn 2b; 36% accessed it through their GP, 34% accessed it via self-referral, 23% accessed through a wellbeing team, and the remaining 7% accessed it through other means.

199 participants answered the question regarding recommending Learn 2b in future; 187 said that they would recommend Learn 2b to a friend (94%).

**4.2 Qualitative data**

**4.2.1 Why people accessed Learn 2b**  
**Almost everyone attended a Learn 2b course because they needed some support with a mental health issue. The majority of learners had some specific ideas about what they would like to get out of their course. Most people wanted to learn about improving mental health:**

**'It has given me something enjoyable and interesting to focus on, I am not judged harshly, I can see endless possibilities. I had lost sight of myself but I think I am still there.'**

(Female, Pens not Pills)

**'I went out of depression, I was looking forward to going, I couldn't do it on my own, I realised that I needed some help.'**

(Female, Sleep Management)

**'I would like to learn coping strategies for dealing with anxiety and for 'switching off' my head.'**

(Female, Sleep Management)

Some people also hoped the course would help to build self-confidence and self-esteem, or extend social networks. Others hoped that it could be an alternative to medication:

**'Hoping to improve self-esteem and confidence. I want to start believing in myself and be comfortable with who I am.'**

(Male, Improve Your Mood)

**'I want to make as many friends as I can, as I do feel alone and lonely.'**

(Female, Creative Arts Wellbeing)

**'I was getting frantic, I was on depression tablets which weren't working and I thought I need something different.'**

(Female, Positive Under Pressure)

**'I got to the stage that I was so terrified about not sleeping that that became the problem, I went on the course because I wanted to get off the medication.'**

(Male, Sleep Management)

## Case Study

S\* had been feeling ‘down in the dumps’ for quite some time. He first contacted Learn 2b having seen the courses advertised locally. Attending the ‘My Journey to Wellbeing’ course was his first experience of group work for wellbeing. He hoped that attending the course would give him the opportunity to address his negative thinking patterns and to learn tips on how to manage low mood and anxiety.

‘It was the first time that I actually put my hand up and said something’s wrong with me.’

S\* enjoyed being part of a friendly group and looked forward to each session on a Saturday morning. He felt it gave him the chance to feel like ‘himself’ at least once a week. He found the tutors empathetic and understanding, willing to go that extra mile for those in the group. S\* drew inspiration from the others in the group and picked up useful advice, such as ideas for getting back into employment.

He feels that Learn 2b continues to have a lasting impact on his life. It helped him to meet other people in a similar situation and he has made new friends who are an on-going source of support.

‘We still meet once a month because there is that bond between us, the ex-tutor turns up as well!’

Attending a Learn 2b course made S\* realise that he was already taking steps in his recovery journey and has now enrolled on an Introduction to Creative Writing course at Leicester University.

‘It gave me the final push...it was the launching pad for the next phase of my development.’

### 4.2.2 Immediate impact on recovery

**Almost everyone who attended a course felt it helped to improve mental wellbeing:**

‘I have found this course extremely useful. It helped me to think more clearly, understand my thought processes and challenge them with good results. During this course I have returned to work after 6 months off sick. CBT has been a vital tool in my development which I will take forward into the rest of my life.’  
(Female, Improve Your Mood)

‘I have gone to hell and back in the last four months. The course has helped me to cope with severe stress and anxiety attacks and taught me to calm down and not to panic in very hostile situations. The other people are very polite and comforting on the course and they have given me new confidence in myself. Thank you.’  
(Male, Positive Under Pressure)

Specific improvements included feeling happier and more relaxed, feeling more able to deal with stress, finding better balance, tackling problems, increased self-confidence, having the ability to recognise and challenge negative thought patterns and having more of a focus in life.

A lot of learners also found it helpful to meet new people in a similar situation to them and that they had the opportunity to make some new friends:

‘The main thing about this course is you feel you are not alone with certain behaviours or thoughts, which has given me strength.’  
(Male, My Journey to Wellbeing)

‘I have enjoyed meeting new people and have formed important friendships from the group.’  
(Female, Improve Your Mood)

Other benefits included the opportunity for creative expression:

‘It’s given me a focus for my writing and made me make time for it and so time for myself. It has given me the opportunity to express myself. I have found new people to write, sing and make music with.’  
(Female, Creative Writing)

‘I have enjoyed something for its own sake and it’s given me something enjoyable and interesting to focus on other than work, caring and chores. It has put me back in touch with me.’  
(Female, Creative Writing)

And some people were able to stop taking medication:

‘I am not as down as I was and I can partly control my arthritis pain with the breathing techniques I have learned. Since starting yoga I have stopped my anti-depressants!’  
(Female, Yoga)

‘I have stopped worrying about the really bad nights, now I have had some good nights without medication.’  
(Female, Sleep Management)

‘I think medication has a very important role, however long term, with sleep problems particularly, medication isn’t the answer. There was one lady in the group who was on medication at the start of the course and by the end of it she had come off it.’

(Female, Sleep Management)



**4.2.3 Impact on recovery in the long term**  
**Six months after attending Learn 2b, the majority of learners said that they were still experiencing the benefits of attending courses. Some felt that courses had had a more lasting impact on their wellbeing than other forms of support that they had accessed:**

**‘This group has helped me tremendously, absolutely brilliantly.’**  
(Female, Positive Under Pressure)

**‘When you go to a GP it is almost like you’re being lectured at, at Learn 2b you are not dictated to, you learn how to move your situation forward. When you go to a counsellor you think ‘that’s good’ and then it ends and you think ‘what do I do now?’ Learn 2b has lots of courses and is more interactive, it allows you to develop your strengths.’**  
(Male, My Journey to Wellbeing)

**‘I learned or gained strength from interacting with others and discussing issues as they arose. I like to think we fed off/assisted each other and developed as a result – something counselling and other one-to-one treatments couldn’t achieve i.e. a team effort.’**  
(Male, My Journey to Wellbeing)

Some had learnt new skills which they were still using to help improve their mental wellbeing. Others found that what they learnt on their course had helped them understand their feelings; this led to permanent changes in how they viewed wellbeing:

**‘When I initially attended the course it did make a difference but you slip back into your old ways, I keep having to go back and think ‘what did they tell me to do?’ I try and recall everything they told me on the course – you have the information there to call on.’**  
(Female, Sleep Management)

**‘It was the start of the turn, of me beginning to understand why I was depressed and what I could do about it. It was the best thing I did, I would advise anyone in a similar situation to give it a go, once you are shown the ropes it starts you thinking in a different way.’**

(Female, Positive Under Pressure)

However, some felt that although Learn 2b was helpful, it wasn’t enough to support people with severe and enduring mental health problems:

**‘I think it works well for people who are initially experiencing mental health problems but if you have a more entrenched mental health problem it is not enough.’**

(Female, My Journey to Wellbeing)

Many spoke about the benefits of meeting new people; this helped them feel less isolated. Some were still in contact with others from their course and continued to be supported by them. Some had gone on to access mainstream adult education courses:

**‘It’s nice to keep contact with everybody, we arrange a meeting once a month and it’s something to look forward to, you can see people develop, we feed off each other, watching it evolve you get a sense of pride.’**

(Male, My Journey to Wellbeing)

**‘We are going on to do adult learning. She is doing a dog training session, we are both going on tai chi, the other one I’m going on is an intermediate reading of music course.’**

(Female, Positive Under Pressure)

Participants also liked the fact that the courses were held in non-clinical settings, and found that education helped to reduce stigma associated with mental health problems:

**‘That’s the biggest shift that has made the biggest impact. It’s acceptable to say that you are going to college; it’s taking it out of that medical field and into education. It makes all the difference; it changes people’s attitudes about mental illness.’**

(Female, Sleep Management)

## Case Study

**C\* has suffered from depression for 20 years. She remembers that there used to be support groups available locally, but they seem to have disappeared. Her husband attends a carer’s support group and sometimes she feels that carers seem to receive more support than those who have mental health problems.**

**C\* found out about the Learn 2 Draw course from her Community Practice Nurse (CPN). She had completed an art therapy course in the past but found she didn’t have the motivation to continue her artwork at home when this finished.**

**Learn 2 Draw was different; she really enjoyed the course and found herself looking forward to each session. The course tutor was easy-going and put the class at ease by not drawing attention to individuals. They started by learning basic techniques, such as shading, shadows and 3D. It allowed the learners to build their knowledge slowly, gaining confidence at their own pace.**

**C\* felt that attending a Learn 2 Draw course has given her the confidence to move forward and try new things. She now attends an art course at the local college and still practices some of the techniques from Learn 2 Draw in her work today, both in college and at home. She is thinking of using her skills to make cards for family and friends.**

**‘If it wasn’t for this I’d have given up on my painting. Learn 2 Draw gave me the motivation, got me interested again. I can look at pictures in galleries and see so much more in them. I’ve learnt to enjoy art.’**

## Case Study

**B\*** had been receiving support for depression from his GP, who suggested he attended a Learn 2b course. He went on to attend the 'My Journey to Wellbeing' course.

He found that the venue of the course worked well, it helped to break down the stigma associated with mental health problems and allowed the group to share their personal experiences in a safe, supportive environment. It helped him to meet a range of people who were in a similar situation, and made him realise that he wasn't alone.

**'I thought, 'don't be ashamed of it', when you tell people, overall they become more perceptive and help you, you don't feel isolated.'**

**B\*** is still in contact with the people from his course and they arrange a meeting about once a month. He enjoys seeing how people are developing. He feels that Learn 2b is unique in that it is more interactive than other services available and allows you to develop your strengths by learning how to move your situation forward. It allowed **B\*** to recognise that although he does not feel he will ever be 'cured', he can take steps in managing his own recovery.

**'I don't ignore my mental well-being like I did after my first stress episode when I left with the impression that I was 'over it'...I now treat my mental health issues like I treat my long term spinal problem - work within known parameters.'**

**'The course helped me since I'm not afraid to talk about my situation. I have the confidence to ignore a negative reaction or confront it. I'm not damaged and ashamed of my condition, anxiety has many guises and nobody is immune. I think the reason the course helped was we were there for similar reasons and each had different viewpoints/ experiences that I could step into and to varying degrees understand.'**

(Male, My Journey to Wellbeing)

### 4.2.4 Comments about course tutors

People who attended the course were positive about the tutors. They found them to be empathetic, understanding and approachable. This was important as it meant that learners were more likely to attend every course session, and were more engaged with the course content:

**'I thought they were excellent, I couldn't praise them enough really.'**

(Female, Sleep Management)

**'There's something about these courses, the tutors are ever so supportive and don't demand too much, all these tutors have gone the extra mile. You can tell that they actually want to be there, they have been specifically selected because they have empathy and are understanding.'**

(Male, My Journey to Wellbeing)

People also found it helpful when tutors shared their own experiences with students. This built trust between the tutor and student, helping people to be more open. Some learners drew inspiration from tutors own experiences:

**'The tutor has been through it, it allows you to open up more, you don't get judged. When you see other professionals it's like 'I'll trust you, you're the expert, but you don't know what you're talking about, you've not been through this'. I found it inspiring- if they can do it, I can do it.'**

(Male, My Journey to Wellbeing)

The vast majority of people were positive about their experience, however some people felt that there should be more publicity about the courses, that it would be useful to have one-to-one tuition, that courses should be longer, and more should be available in the evenings. Others stated that it was difficult when attendance fluctuated between sessions.

### 4.2.5 Tutor feedback

The majority of tutors discovered Learn 2b through working in adult education or through relationships with the Changing Minds Centre. Many attended an initial publicity event or received promotional leaflets inviting their involvement. They reported feeling well prepared prior to beginning teaching, through informal discussions with the project team and after receiving induction packs.

Tutors described an interest in mental health and enthusiasm for promoting wellbeing. They hoped to share knowledge and experience and, in some cases, introduce people to the benefits of non-traditional therapies, such as art or yoga:

**'I was teaching yoga through the Council when this came about and I said oh that interests me, just to see it in another light and work with people who have such problems, to help people, you know, because I know yoga can help.'**

(Tutor 8)

**'I am very keen on preventative health and so people having an opportunity to deal with things sooner rather than later, and learn ways that are going to be helpful for them, as an individual to manage good health, bad health and feel in a more of an empowered position, rather than just being on medication.'**

(Tutor 2)

Some tutors wished to share their own personal experience of mental health problems and the ways in which they learnt to manage them. The 'experts by experience' model was respected both by learner and tutor participants:



**'I think my own reasons for getting involved were that I had been badly depressed myself in the past and suffered from work related stress as well and have found ways to manage my own stress and felt that the skills I had learnt could be shared with other people.'**

(Tutor 9)

**'To be able to touch on my own experience, you know, be a bit of an advocate as somebody who has gone through difficult times but come through the other end.'**

(Tutor 2)

Tutors gave positive feedback on their experience of teaching on courses and many described how their experience of tutoring had surpassed expectations:

**'It has been absolutely lovely, in fact it has been a joy to teach, it really has.'**

(Tutor 1)

**'I have met some of the most fantastic people and I have watched them go from seeds in the cold ground to flourishing into beautiful roses and watching that transgression is priceless.'**

(Tutor 5)

Those who had not previously worked in mental health expressed that, at first, they had been unsure what to expect. They challenged preconceptions and grew in confidence over the course duration:

**'I was wary of whether to treat them the same as I treat the adult learning service that I do through Northamptonshire County Council, or whether to tread carefully with them. I came to the conclusion that I would just treat them as a normal group.'**

**I thought it was going to be something that would be worthwhile doing but would actually be quite hard work but it really isn't. We just go in, do what we do and have fun. We talk a lot as a group, not about issues but about everything else that is going on in the world.'**

(Tutor 6)

Some tutors described positive changes within those that attended their courses, which they found empowering:

**'With yoga, I can see an improvement, as I said [with one student], I can see where he is now. I think it has made a tremendous change in his personality and how they feel about themselves.'**

(Tutor 8)

**'I think it's interesting to see people come in, they come along and they are sort of very on their own, possibly very sort of worried about what is happening in their life and the change over a 4 week period can be quite astounding.'**

(Tutor 9)

However, some tutors expressed concern about students after the course had ended. Some tutors felt that follow up options were limited to other courses within the programme or to their private classes. This emphasises the need for tutors to manage expectations:

**'It's something that needs to be done on a regular basis. I don't know what they are going to do once it has stopped. Ok they can enrol with the Council, that's the next thing, but then again I find with the Council it stops for holidays, it's not like continuing, it's got to be done on a very regular basis, especially if they are suffering from mental health problems.'**

(Tutor 8)

**'There could have been some strong links made or more assistance given to people to move on to another class...I did a lot of that homework myself and because I am a local girl, I wasn't always teaching in my home town, so I couldn't for example say come along to me.'**

(Tutor 1)

However, some on-going support could be gained through new friendships formed during the courses. Exchanging contact information with others, taking part in coffee mornings, getting involved in activities outside of the sessions, and the Learn 2b Voice website were useful. Tutors could relate to the goal of engaging with course activity outside of the sessions:

**'I mean I think there is one of my groups that is still meeting on a weekly basis on their own privately to get together because they have made friends through the group.'**

(Tutor 9)

**'A couple of learners have brought in pictures that they have done at home and so they are obviously using that as a form of relaxation and just to take them away from their daily problems and that is brilliant to see.'**

(Tutor 3)

Tutors felt well supported by project staff within the partner organisations; Changing Minds Centre and Northamptonshire County Council. Support was described as proactive, yet informal, with all tutors expressing that they knew who to contact if in need of extra assistance. Those tutors who had required additional support felt it had been dealt with appropriately.

**'It is nice to be able to get on the phone if necessary and double check something and actually speak to somebody you know and obviously with adult education it is a much, much bigger thing and you don't get that sense of a personal touch to it.'**

(Tutor 2)

However, they reportedly had little contact with other Learn 2b tutors aside from the initial induction day. One tutor described the possibility of setting up a webpage for course tutors, sharing knowledge and information. Some tutors also complained that there was too much administrative work, especially for students who signed up to short courses.

**'Lots of paperwork. I think it is just filling in forms, if they have got a mental problem they themselves, in writing it out, they find it difficult, one or two, but I think they are knowing the system now, they know they have to do it but it's the paperwork.'**

(Tutor 8)

**4.3 Cost of the programme**  
**Most courses ran once a week in one hour sessions over a period of ten weeks. According to figures from the financial year 2008–2009, people engaged with the Learn 2b programme for an average of 8.3 hours of guided learning.**

This figure includes all people who engaged with the project over the course of that year (n=439), not the total number of people who are participating in the evaluation. The average cost of a person attending a Learn 2b class (including venue hire and tutor cost) was estimated at £4.75 per hour based on a class size of eight people.

Therefore the direct cost of a course is estimated at £39.42 per person. The administrative overheads including management and infrastructure needed to set up the programme have been estimated at £12.19 per hour of guided learning per person. The total direct and indirect cost of the course is therefore estimated at £140.60 per person and this will cover a ten week period.

For a course of three months of antidepressant medication with standard care, the price has been estimated at £162 per person<sup>61</sup>. This estimate is based on 2002 prices, but adjusted to inflation this would be closer to £190 in 2009<sup>62</sup>. For an equivalent course of CBT using the same calculations, the cost has been estimated at £867 over 3 months in 2002 (which is £1022 in 2009 when adjusted for inflation).

**'The change over a 4 week period can be astounding'**

‘Education  
is not preparation  
for life; education  
is life itself’

John Dewey

## 05 Discussion

**This study evaluated a community-based adult learning programme for adults with mild to moderate depression and anxiety. Most people who participated in the evaluation were positive about the programme; a huge majority (94%) would recommend it to a friend. People who attended courses enjoyed the fact that they were engaging in a regular group activity.**

**Such programmes promote social relationships, teach self-management strategies to manage mental health, raise self-esteem and empower people to take control of their recovery. Participants showed better wellbeing and less severe symptoms of depression and anxiety after finishing courses; these effects were maintained for at least twelve months.**

Community-based adult learning can form part of a stepped care pathway for people who have mild to moderate mental health problems. Such programmes provide a simple, low cost way of helping to reduce symptoms of mild to moderate depression and anxiety. The total cost of the community-based adult learning programme combined with medication appeared cheaper than the cost of CBT. It is also possible that, in some instances, learning on prescription could be used as an alternative to other treatments such as medication.

Encouraging transition into mainstream education may prove challenging. Few participants were engaged in training and learning activities outside of Learn 2b, and some participants went on to a second Learn 2b course. Community wellbeing programmes need to maintain links with mainstream adult education providers in order to facilitate transition into mainstream adult education.

Regarding employment, a minority of the sample was unemployed before enrolling and few of this subsample reported gaining employment during the study period. This could be expected; other adult education programmes have shown low rates of gaining employment<sup>52</sup> and people with mental health problems may face additional difficulty and discrimination in the labour market.

Adult learning programmes should link with local employment agencies and with organisations that provide work placements. People may also require a specific supported employment programme, which can help people with mental health problems compete in the labour market<sup>63</sup>, but may need to include job coaching, tailored supervision and transportation. At present, these activities were beyond the scope of this programme.

To date, the rhetoric of the coalition government has been supportive of adult learning programmes. In 2010, John Hayes MP, Minister of State for Further Education, Skills and Lifelong Learning, stated the government view that “adult learning is not a luxury, it is an essential component of our education system”. The government’s mental health strategy<sup>27</sup> also emphasises the role of BIS in providing community learning to support mental health and wellbeing.

BIS funding for adult and community learning has been maintained at £210 million per year, representing a funding decrease when adjusted for inflation. This must also be viewed in the context of the 28% cut in Whitehall funding for local authorities over the next four years<sup>65</sup>, and the £15-20 billion savings being requested of the NHS by 2014<sup>66</sup>, both of whom may cut funding for adult learning as a result. Potentially, community-based adult learning programmes that support mental health and wellbeing could benefit from the £400 million pledged in the mental health strategy for the expansion of the IAPT programme<sup>27</sup>, though this would reduce the level of funding available for other psychological therapies.

The number of referrals from GPs to the Learn 2b programme was encouraging. The success of the Learn 2b programme highlights the relevance of adult learning not only to local authorities, but to PCTs/GP consortia. If GP consortia do assume responsibility for the commissioning of mental health services from PCTs (as is currently proposed to occur by April 2013), organisations that run mental health programmes in primary care will be able to bid for contracts from consortia.



This evaluation has both strengths and weaknesses. The pragmatic nature is among its main strengths. Data were collected in situ whilst the programme was being implemented. Researchers, programme coordinators and tutors shared ideas during the evaluation. Lessons learnt were implemented into practice. Furthermore, the mixed methods design ascertained the clinical effectiveness of the programme and demonstrated how it helped people recover from mental health problems. Quantitative data indicated a reduction in participants' symptoms whilst qualitative data demonstrated how participants felt about the programme. The study has limitations. Firstly, it was difficult to obtain complete assessments for participants throughout the study. Secondly, this is a non-randomised study without a control group; it will not provide clinical evidence to influence organisations such as the National Institute for Health and Clinical Excellence (NICE).

Further research could address two main areas. First, a series of randomised controlled trials could establish the success of community-based adult learning programmes in improving mental health and wellbeing. Secondly, research must be done to investigate access routes to such programmes, particularly regarding GPs' referral practices. This is important, since GPs will be key stakeholders for service commissioning in future.

The study has implications for treating people with mild to moderate mental health problems. Referring to community-based adult learning programmes may be less stigmatising than standard clinical care pathways. People who have not previously sought treatment for mental health problems may wish to access community-based adult learning programmes. Similarly, they can represent supplementary support for people who are receiving medication or therapy.

#### Key recommendations

- 1 Community-based adult learning programmes can help people manage mild and moderate mental health problems in a non-stigmatising way. Primary Care Trusts and future GP consortia should, in cooperation with local authorities, consider commissioning such programmes. Primary care workers, including GPs, should consider referring appropriate people to such courses.
- 2 Central government and local authority funding for community-based adult learning should take into account its contribution to individual and community wellbeing. Given the known economic and social burden of poor mental health, further research should be undertaken into the cost-effectiveness of investing in adult learning.
- 3 Programme curricula should include strategies for follow up of adult learners after courses finish, ensuring benefits are maintained. This may include developing communities of interest, or setting goals for education and employment beyond the programme itself.
- 4 Community-based adult learning should be seen within the context of community wellbeing. Programmes should link mental health care, education and employment services.
- 5 Improved Access to Psychological Therapies (IAPT) teams should consider including community-based adult learning programmes in their work.
- 6 Future research should focus on how courses are accessed, exploring the opinions of potential referral agencies, such as GPs. This would maximise the potential of these programmes in the present economic climate.

**‘Adult learning is not a luxury, it is an essential component of our education system’**

John Hayes MP, Minister of State for Further Education, Skills and Lifelong Learning (speech to the National Institute of Adult Continuing Education, 19 May 2010)

‘That is what learning is.

**You suddenly  
understand something  
you’ve understood  
all your life,  
but in a new way.’**

Doris Lessing

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# 07 Appendices

## 1a. Recovery Evaluation Form; T1 This questionnaire has been designed to capture information to improve adult education courses in Northamptonshire all information is confidential.

Please note: you do not have to put your name on this form unless you wish to; you may enter the enrolment number found on the top right of your course enrolment form)

Name/Enrolment Number

Date

What course are you attending?

For each of the following questions please tick one of the answers according to how you feel.  
**SA Strongly Agree**  
**A Agree**  
**N Neutral**  
**D Disagree**  
**SD Strongly Disagree**

01 I have goals I am working to achieve

SA  A  N  D  SD

02 I have energy and enthusiasm for my current activities

SA  A  N  D  SD

03 I feel hopeful about my future

SA  A  N  D  SD

04 I am aware of my personal skills, talents and strengths

SA  A  N  D  SD

05 I feel confident in making my own decisions about what I want

SA  A  N  D  SD

06 I have confidence that I can cope if situations become difficult

SA  A  N  D  SD

07 I can recognise the early signs if I am becoming unwell

SA  A  N  D  SD

08 I'm aware of what it takes to keep me well and happy

SA  A  N  D  SD

09 I know where to get help if I need it

SA  A  N  D  SD

10 My physical health is good

SA  A  N  D  SD

11 I am happy with where I live

SA  A  N  D  SD

12 I can manage my current financial situation

SA  A  N  D  SD

13 I have a good social network and strong friendships

SA  A  N  D  SD

14 I am able to practice any spiritual or religious beliefs I may have

SA  A  N  D  SD

15 There is meaningful activity in my life (a hobby, an interest I enjoy)

SA  A  N  D  SD

16 I feel supported by my family

SA  A  N  D  SD

17 How did you first hear about Learn 2b?

My GP  Friend/family  
 The Changing Minds Website  
 Adult Education Prospectus  
 The Wellbeing Team  
 Other Primary Care Worker  
 Peer Support Worker  
 Other

18 How did you access Learn 2b?

GP referral Self-referral  
 Via the wellbeing team  
 Other

18 Have you previously ever accessed any other support for your well-being?

Yes  No  Don't Know

19 What kind of support?

SA  A  N  D  SD

20 Are you currently accessing any other support for your well-being?

Yes  No  Don't Know

21 What kind of support?

SA  A  N  D  SD

22 Are you currently taking any medication?

Yes  No  Don't Know

23 What medication are you taking?

SA  A  N  D  SD

**24 About you (this part is optional) Please fill in the following as best describes you**

Male  Female  
 Under 18  36 – 45  56 – 65  
 18 – 25  46 – 55  Over 65  
 26 – 35

**White**

British  
 Irish

**Asian/Asian British**

Indian  
 Pakistani  
 Bangladeshi

**Black/Black British**

Caribbean  
 African

**Mixed**

White and Black Caribbean  
 White and Black African  
 White and Asian

**Chinese /other ethnic group**

Chinese  
 Other

Is English your first language?

Yes  No

I am working full time  
 I am not working, but see myself working in the future  
 I am working part time  
 I attend college or an educational programme  
 I am doing voluntary work  
 I am not working and am happy with my life

**25. How do you think this course will help you, what attracted you to this course?**

SA  A  N  D  SD

Is English your first language?

Yes  No

I am working full time  
 I am not working, but see myself working in the future  
 I am working part time  
 I attend college or an educational programme  
 I am doing voluntary work  
 I am not working and am happy with my life

## 1b. Recovery Evaluation Form; T2 (questions 1-16 remain the same)

17 Would you recommend the course you have just attended to a friend?

Yes  No  Don't Know

18 Would you access other learning opportunities in the future?

Yes  No  Don't Know

19 Are you currently accessing any other support for your wellbeing?

Yes  No  Don't Know

20 What kind support?

SA  A  N  D  SD

21 Are you currently taking any medication to support your wellbeing?

Yes  No  Don't Know

22 If yes, what medication are you taking?

SA  A  N  D  SD

**21 About you (this part is optional) Please fill in the following as best describes you**

Male  Female  
 Under 18  36 – 45  56 – 65  
 18 – 25  46 – 55  Over 65  
 26 – 35

**White**

British  
 Irish

**Asian/Asian British**

Indian  
 Pakistani  
 Bangladeshi

**Black/Black British**

Caribbean  
 African

**Mixed**

White and Black Caribbean  
 White and Black African  
 White and Asian

**Chinese/other ethnic group**

Chinese  
 Other

Is English your first language?

Yes  No

22 In what ways do you think the course has helped you?

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**1c. Recovery Evaluation Form;  
T3 (questions 1-16 remain the same)**

17 Are you currently taking any medication for your mental wellbeing?

Yes  No

17a Are you currently accessing any other support for your mental wellbeing?

Yes  No

17b What support?

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**18 Since attending your Learn 2b course have you accessed any other educational courses?**

Yes  No

If 'Yes' what is the name of the course?

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a. Which organisation is running the course?

- College (Please write below)
- University (Please write below)
- Adult learning service
- Other (Please write below)

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c. If 'No' would you access other learning opportunities in the future?

Yes  No

Please briefly explain your answer

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19 Has your employment status changed since attending your Learn 2b course?

Yes  No

19a 'Yes', how has it changed?

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20 Have you joined any new clubs/societies since attending your Learn 2b course?

Yes  No

a. If 'Yes' what is the name of the club/society?

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Which organisation is running the club/society?

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21 Have you kept in contact with anyone from your Learn 2b course since it finished?

Yes  No

**1d. Recovery Evaluation Form;  
T4 (questions 1-16 remain the same)**

17 Are you currently taking any medication for your mental wellbeing?

Yes  No

17a Are you currently accessing any other support for your mental wellbeing?

Yes  No

17b What support?

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18 Are you still in contact with anyone from your Learn 2b course?

Yes  No

19 Do you think attending your Learn 2b course has had an impact on your life in the long term?

Yes  No  Don't Know

Please briefly explain your answer

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**2a Interview schedules  
Adult learners**

**1 Why did you decide to attend <name of course>?**

- What was it like starting a Learn 2b course?
- Did you need any support?

**2 Can you tell me about your experience of attending <name of course>?**

- What did you think of the venue?
- What did you think of the course content?
- How would you describe your relationship with the tutor?
- How would you describe your relationships with the other adult learners?

**3 Has attending a Learn 2b course had an impact on your life?**

- Since attending the course what changes have you noticed personally and in your day to day life? (e.g. started work, extended your social network, developed an interest or hobby etc)
- How has it affected your wellbeing? (e.g. stopped medication)

**4 Has attending a Learn 2b course had an impact on your future plans and ambitions?**

- Have you started any courses outside of Learn 2b since finishing your Learn 2b course?
- Why did you decide to do another course?
- Has this had any impact on your life?
- Have your perceptions of adult learning changed since attending a Learn 2b course?

**5 How has Learn 2b compared with any other support you have accessed for your wellbeing?**

- How do you feel about accessing wellbeing support through adult learning as opposed to mental health specific service?

**6 Is there anything you would change about Learn 2b?**

**2b Interview schedules  
Tutors**

**1 To start with, can you tell me how you first heard about Learn 2b?**

- When was this?
- What information did you receive?
- Which Learn 2b course did you teach?

**2 Thinking back, what made you decide to get involved with the Learn 2b project by teaching <insert name of course>?**

- Was there anything that might have put you off or worried you about getting involved with Learn 2b?

**3 Can you tell me about your experience of teaching <insert name of course>?**

- How did it compare to what you were expecting?
- What was the best thing about being involved with <insert name of course>?
- What was the least pleasant thing about being involved?

**4 How would you describe your relationship with the people on your course?**

**5 How would you describe your relationships with the other Learn 2b tutors?**

- How did you find the tutor support groups?
- Would you have liked more support for your role?
- What type of support? From whom?

**6 Did you have experience of working with people with mental health problems prior to Learn 2b?**

- If YES - How did working on the Learn 2b project compare with your other experiences?
- If NO - What interested you about working with people with mental health problems?

**7 How helpful do you think adult education courses are for mental health and well-being?**

- Are there any type of adult education courses that you think wouldn't be suitable? Why is that?
- Are there any group of people or type of person that you think wouldn't be suitable for adult education?
- Why is that?

**8 Could adult education services do anything differently to better help people with their mental health recovery?**

**9 Is there anything else you would like to tell us about your experience of being involved with Learn 2b?**