PART 2

**CONTINUITY AND DISCONTINUITY IN
SOCIAL INSTITUTIONS**

5. EDUCATION INTERRUPTED

Learning Careers of Adults Living with Mental Illness

INTRODUCTION

This chapter identifies mental illness as one of the reasons for the interruption of the learning careers of adults and as a continuing barrier to learning. It examines themes that relate to how learning careers are interrupted and how they can be resumed through supported education programmes which accommodate the individual needs and goals of adult students living with mental illness. Supported education (SEd) has evolved as a best practice that assists individuals with psychiatric disabilities in exploring their educational options and provides ongoing support during their study period (Collins, Mowbray, & Bybee, 1999; Mowbray et al., 2003; Mowbray, 2004). Students attend programmes in the community, on college and university campuses, or in hospitals, supported by a combination of mental health services and academic accommodations. Success in such programmes serves not only to advance their education, but also to improve students' self-esteem and quality of life. According to the Mental Health Commission of Canada (2012), in any given year, one in five people in Canada experiences a mental health problem or illness. Therefore all service providers including adult educators need to be cognisant of the significant effects of mental illness on learning careers and lifelong learning experiences.

Funded by an Insight Development grant from the Social Sciences and Humanities Research Council of Canada, we conducted interviews with learners and staff in a Canadian hospital-based supported education programme. We use the findings from these interviews to discuss themes related to how discontinuity of learning careers played themselves out in students' lives in the past and how access to supported education programmes has afforded continuity in both formal and informal education paths. These learning careers reveal the centrality of mental illness as an on-going determining factor in educational discontinuity. These are careers shaped by barriers related to mental illness, the full extent of which the learners themselves are not always fully aware. Therefore, a key part of supported education is about gaining self-knowledge and beginning to fully understand one's own learning biography in order to change its trajectory. Our study revealed hope, persistence and improved self-knowledge and confidence among its students. The interviews also revealed that all students had varying levels of negative educational experiences in the past, some of which they blamed on others and some of which they blamed on themselves

or their illness. We argue that there is hope for continuity of learning through supported education programmes that can help shift students' learning careers to reflect a new self-awareness and control of knowledge through new learning spaces (Fernando, King, & Loney, 2014). Doing so affords these students access to improved community connections and can help create labour market and community integration transitions (Wong, Metzendorf, & Young, 2006; McIntyre, 2012). We argue, therefore, that greater policy and funding support of such programmes is needed to foster and capitalise upon supported education's positive impact on the social and economic welfare of adults living with mental illness.

We interviewed 47 students in a hospital-based supported education programme in Ontario, Canada; five of these students were English Language Learners (ELL) taking part in English as a Second Language classes. These were semi-structured interviews in which we simultaneously collected quantitative (demographic details and self-reported improvements during the programme) and qualitative information (regarding attitudes towards education, their lives and their experiences in the programme). The interviews served a dual purpose: they were intended to allow for a better understanding of the impact of SEd programmes generally and to provide an opportunity for an outside assessment of the programme. In order to understand student needs and experiences, student voices must be heard. The themes which characterised their learning were helpful in understanding the strengths and weaknesses of the programme. In addition, the analysis of the interviews revealed a number of themes and collective issues that illustrated common educational experiences.

The students we interviewed wanted to be known and understood; most were eager to tell their stories. We had prepared ourselves for negative reactions to our interview questions but encountered very little substantial resistance to the interview process. Of the 42 English-speaking students in the SEd programme, 65% were male and 89.1% were single. Most of the participants (81%) had some high school education, with about 21% having attained a Grade 9 and 27.3% a Grade 10 education. While a few students refused to take part in the interviews, this number was quite small compared with the students who wanted to be interviewed. Since people living with mental illness often experience anxiety, this might account for the refusals. Anxiety did not seem to be an issue with those who consented to the interviews. Instead, the fact of being asked for their stories and opinions seemed to be an anxiety release. The vulnerable nature of our interviewees meant that we were limited conducting one interview with each person and immediately anonymising all of the data; so, unlike Barabach and Merrill (2014) or Sagan (2007), we were unable to create in-depth learning biographies through repeated interviewing and relationship building. Because we had to identify participants only by number, rather than name, we were unable to build the rapport necessary for a more extensive and personal biography. Nonetheless, the analysis of the interviews revealed several themes related to the continuity and discontinuity of education: educational struggles; experience of stigma; gains in self-awareness, independence and confidence; and, increased social skills. These themes came out in the interviews with students, staff and volunteers (see Table 1).

Table 1. Themes arising from interviews

<i>Themes from student interviews</i>	<i>Themes from staff & volunteer interviews</i>
Past educational struggles	Limited gains in literacy
Experiences of social stigma	Need for less stigma around mental illness
Gains in self-awareness, independence and confidence	Student gains in independence and confidence
Increased social skills decreasing feelings of isolation	The value of socialization for student learning career
The value of continuing their education for quality of life	The value of literacy instruction for nurturing hope

The interviews with the five staff members and nine of the volunteers working in the supported education programme revealed a number of themes that complemented those of the students. These interviews were much more open-ended than the student interviews, in part because we were interested in gaining feedback about the programme overall, but also to allow the instructors and volunteers the opportunity to reflect upon their interactions with the students. The interviews with the staff and volunteers were qualitatively different for several reasons; in particular, they were a less vulnerable population and they were not being questioned about their personal lives. The main themes related to discontinuity of education that emerged from the interviews with staff and volunteers were the problems of the stigma of mental illness and the impact of students' illness on their formal education. The main themes related to continuity of education included improvements in social skills, confidence and independence among the students. In general, all the staff and volunteers felt positively about the programme; however, they acknowledged there were limitations to the programme and there was resistance from some students because of their past educational experiences even when they recognised that literacy instruction provided an opportunity to gain the skills and education that would help them move forward with their lives.

DISCONTINUITY IN LEARNING CAREERS: DEALING WITH MENTAL ILLNESS AND ITS STIGMA

While it is sometimes hard to trace the genesis of educational problems and eventual disruption (see Table 2), the onset of mental illness is often identified as one determining factor. For example, the onset of schizophrenia often occurs among males between the ages of 17 to 24 (CAMH) which are the years during which young people often attain the specialised education needed for the workplace and for careers. Other forms of mental illness, such as anxiety and depression, also make for learning difficulties that are not always supported or understood (see for example, Ennals et al., 2014). Among our student interviewees, some described themselves as initially good students who encountered difficulties in high school

Table 2. Barriers to education*

Mental health issues	52.2%
Learning disabilities	34.8%
Social isolation	30.4%
Medication(s)	23.9%
Lack of access to an education programme	19.6%

* Some participants indicated more than one barrier

because of their illness. Other students blamed themselves for not understanding the importance of education, while others blamed their problems in school on a lack of accommodation or on the drugs and alcohol to which they turned to as coping mechanisms. In addition, finding the right medication for treating their illness may also present a barrier because some drugs can interfere with their ability to function and concentrate. Once the right type and dosage was found, however, interviewees found that the drugs helped them with anxiety and other symptoms that impeded learning. Participants commented, for example, that:

I didn't really have any education ... I went to high school, but differently than other people.

[Anxiety]'s been a part of my life as long as I can remember [so] probably why I wasn't able to finish high school.

I started grade 11... I liked it, but there was things getting in my way. Like I was addicted to drugs at the time, and I thought drugs were more important than school.

I think I was doing stuff because it was an excuse to not have to go to school ... Nope, I was doing awesome at school when I tried, I was above average, straight A's.

I have always been a good student. I got sick and I neglected my school work. I was in school when I got sick but I was an A student and an A plus student before I got sick.

Study participants tended to be accepting of their past experiences with education and recognised both the importance and challenges of seeking to further their education.

Not surprisingly, the stigma of mental illness was identified as having a negative impact on students' past and present life. Students reported struggling to overcome social stigma and negative stereotypes from those around them. Most participants did not have paid work, except on an occasional basis, and were supported financially by family or some form of social or employment assistance. When mental illness and

its impacts are not fully understood by family and friends, there is a resulting lack of understanding about and compassion for their struggle to integrate into society and the labour market. Students commented:

I have a roommate that is working at Tim Horton's and we got into a fight and she said at least I have a job and you don't she says to me, so it kind of makes me feel different.

My brother's worked for 20 years at *The Star* and he's like 'what happened to you?'

Most of the participants aimed to attain employment of some sort and felt limited by their lack of education. For instance, one student commented:

I already have five years hands on experience with a landscaping construction company and I just want the credentials so I can say that I have the schooling and the experience and I have actually started my own portfolio and all those things look good in terms of starting my own business.

Others told us:

I used to do dry walling and painting, I am really good at painting and I am pretty good at dry walling and I think that if maybe I could take a business course to help manage money, because I am horrible with money, HORRIBLE! ... my dad owns his own company and one day I want to take it over down the road.

I think if I just stay focused and stay off the drugs and stay off the booze, I think in 6–8 months I could achieve my grade twelve and get my grade twelve math and two compulsory courses, I'll probably take like a business class, a couple of business classes ... Well, I'm thinking about going back to school, I'm just too lazy to get off my butt and go.

Similarly, among the ELL participants, even those with experience working in English found it difficult to find and hold a job. For instance, one had previously worked as a sushi chef in the United States, but had been unable to find similar employment in Ontario. Another aimed to become a personal support worker (or similar), but that required a college diploma. Only one stated that employment in Canada was not a goal; he hoped to return to his home country to work on a family farm. For most participants, employment is clearly important for more than simply financial reasons; work can help to provide a sense of stability and normality to one's life. It can also provide a more positive identity that allows for greater acceptance in their family and community.

Interviews with staff and volunteers similarly revealed that the discontinuity that many students experienced was the result of mental illness and its stigma. The staff and volunteers recognized the importance of working towards greater acceptance of individuals, no matter what illnesses they experience:

I think it's important for us to respect everyone's situation, everyone has a different life situation/circumstances, it's important to recognise that everyone is dealing with something different and that there's no shame connected with mental illness, which traditionally has been something in the past and we still struggle with that today. Some people view it as a sign of weakness. That it's some sort of character flaw which it's not of course.

There are people that can contribute to society but you need to work with them so I think that it is important to get them to that level and make them feel useful as well [in] society not be a burden on society.

I think there is a lot of stigma associated with mental illness and if you look at the people around here they might have some issues but they are also really nice everyday people and they did not choose to be mentally ill and it's like having diabetes or anything else like that, so yeah you definitely need education around that.

The ELL participants faced additional barriers to their education due to their lack of English. For these participants, their educational experiences began in schools outside of Canada and were interrupted by inability to pay school fees, migration, and other factors. Nonetheless, all had some education in at least their first language, with four having been introduced to English prior to arriving in Canada. In spite of their prior education, the fact that these participants had been in Canada between three and nineteen years, and that four of the five have been or were currently employed in Canada, which are usually facilitative factors for learning a second language, all of them were still struggling with learning English. Our research suggests that factors related to their mental illness had more impact in impeding their language learning than the factors that would normally be expected to facilitate language learning (Eamer, Fernando, & King, 2017). Although there is little research on the educational needs of English Language Learners living with mental illness, our findings suggest that SED programmes for English Language Learners will be increasingly important with the rising number of refugees and immigrants to Canada to ensure their integration into the social and economic fabric of Canadian communities.

Staff and volunteers believe that the SED programme affords students the opportunity to resume their educational path in a manner that is both safe but challenging. Students' past negative experiences with the education system make it difficult for them to resume their education in a traditional classroom setting. In addition, if they have not completed high school, alternative programmes are needed because they may be too old to return to their former school. The most fundamental positive change for adults living with mental illness is their transition from patient to student; supported education allows for the resumption of their student identity. The SED programme is one that is accessible to both in- and out-patients of the mental health hospital, so it can help patients to return to their learning careers while still living at the hospital and continue to support them after discharge.

CONTINUITY THROUGH SUPPORTED EDUCATION: DEVELOPING CONFIDENCE AND INDEPENDENCE

Our study of the supported education programme revealed that there were some areas in which continuity was clearly visible in terms of connecting students to their own biographies and increasing their independence and confidence. Learning is often described as a process of identity development which can be gained through new opportunities and learning spaces (Brown & Bimrose, 2014). Supported education is one way to create learning spaces that are individually-focused rather than classroom-based. SEd programmes have more flexibility in curriculum and programming because it is less regulated than the school system; as a result, supported education has evolved as a best practice to support individuals with psychiatric disabilities in exploring their educational options and providing ongoing support during their study period. With SEd programmes located in hospitals as well as in communities, students living with mental illness can begin to re-engage in their education at their own pace before moving into programmes in the community or on college and university campuses. Supports can come in the form of educational counselling and academic skill building or accommodations such as modifying tests and test environments to suit people's individual needs (Gregg, 2012). Students can receive general upgrading and skill improvement or high school credits through the programme, which serves not only to advance their education, but also to improve their self-esteem and quality of life (Unger, Pfaltzgraf, & Nikkel, 2010; Mowbray, 1999; Leonard & Bruer, 2007; Mowbray et al., 2003; Mowbray, 2004). Education is an essential element of recovery for people with mental health conditions and can lead to better jobs and improved community and social integration (Prince & Gerber, 2005; Taylor, Trumpower, & Pavic, 2012; McIntyre, 2012).

Barabasch and Merrill's (2014) description of the determination and resilience of individuals to achieve their educational goals was reflected in the comments of our participant students despite their increased challenges. Our interviews revealed that while only 23.8% reported having reached their general goals of education, 73.8% believed that they would achieve them. This finding was also reflected in responses to questions about increases in confidence, with 85.7% stating that they now felt more confident. In addition, a related positive theme in the student interviews was an increase in self-awareness of their abilities and learning style. One student commented: "I am more defined in my situation of understanding my skills". Similarly, an important shift in students' sense of self was in their increased sense of independence; indeed, 81% of participants reported an increase in feelings of independence. This increased self-confidence and feelings of independence was directly connected (by the students) to their participation in the SEd programme.

I didn't know what I could do until I came here. They continued to give me questions and see what I can do and everything they gave me I could do.

I have even spoken at the lecture hall on graduation day ... That would not have been possible 5 years ago, it wouldn't have happened.

It makes you a better person at work because you have full confidence in the things that you say and you sound smarter if you use proper English.

These gains in a sense of self-awareness, independence and confidence can help in the process of building resilience within individuals. Even if that resilience is hidden (i.e., others cannot see their ability to cope), participants often feel better able to handle the challenges of day-to-day living because of their improved confidence and sense of independence. This can mean that SEd students experience their lives subjectively as successful (Liebenberg & Ungar, 2009), even if others do not.

Interviews with the staff and volunteers demonstrated that they recognised the value of the programme in promoting an improved sense of confidence and independence among some students, even when measurable educational gains were slow to manifest. A sense of independence and confidence is needed in order for the students to use the benefits of education. Staff and volunteers commented on these issues specifically:

Independence, like fostering that will and independent learning, that's very important I think for them to go out and search for ways to learn themselves.

Self-confidence, they feel that they are achieving something in life, they get important skills that will help them in jobs.

[...] you can see just sort of how people are becoming more confident and you know, more comfortable and confident in themselves. I mean in the beginning, like you said usually it can be very intimidating when you're starting a course or programme and so through the support that people are given it builds up their confidence and they are able to say okay you know I am able to do this. Because a lot of people may have been put down in the past and told that you know, you're not capable and this is a way for them to build up their confidence.

Alongside the development of independence and self-confidence, some students needed to strengthen the social skills and social capital that are a necessary part of community and labour market integration (McIntyre, 2012). The ability to interact in socially appropriate and acceptable ways is something that can develop when one is successful in learning and in building confidence and self-esteem. Mental illness, however, can disrupt one's ability to learn and use the social skills that are generally expected in schools and the workplace. Students commented on their efforts to improve these skills and their sense of improvement.

When I first came here I was shy ... and now I am outgoing and try to speak more.

I just find it easy to talk to people now, I know it used to be a big problem before. I didn't know what to talk about and I have learned how to ask people questions about what they are interested in and keep [the] conversation going.

My social skills, I would say they were pretty poor. They have improved.

You get to meet friends, meet people, learn.

Participants in this SEd programme demonstrated a sense of pride in their learning which tended to lead to improved comfort in social interactions. The community atmosphere of the SEd programme itself also provided a space for learning to work with or alongside others with similar goals. Without these skills learners would be unable to fully integrate into society or be attractive to employers. Furthermore, the fact that students enjoy education in this programme in a way that they had not before bodes well for them continuing their education beyond the programme. It also demonstrates that supported education facilitates lifelong learning through a positive environment.

I like to learn, I never want to stop learning.

Day dreaming almost every day doesn't allow you to do a lot because you live in your head, everything you do is in your head. You don't actually do anything. And with education, you go back to thinking that writing and reading, and explaining, and understanding things, how they are done.

Staff and volunteers similarly point to the value of literacy instruction as a way for students to improve their life chances and quality of life. This continuity of their learning careers allows for greater continuity of their lives in general and provides hope for improved quality of life.

Well I think [the programme is] very important for people, for outpatients and inpatients to move forward with their lives.

I think that is so helpful for in trying to reintegrate back into society for all the inpatients for sure, and helps with getting a job [and] just functioning in society.

It gives them, like, a sense of a purpose and something to work towards, goals, and that's always important for recovery. It's having, like, a sense of where you want to end up, how you want to be when you ... what kind of goals you achieve.

Adult learners who are living with mental illness inherently face more challenges in continuing their formal (and informal) education. These adult learners, and the staff and volunteers who support them, see Supported Education programmes as providing opportunities for moving forward and opening doors for improved integration into their communities and the workplace.

CREATING COMMUNITY AND LABOUR MARKET TRANSITIONS

Some of the barriers to community and labour market integration for individuals living with a mental illness that have been identified include lack of confidence, independence and relevant work skills, and these barriers are magnified for those

who are also English Language Learners. Wong et al. (2006) identified a number of factors that were needed for the community integration of persons with psychiatric disabilities. She argues that addressing “social and independent living skills deficits is a requisite step toward building normalized social relationships” along with having a supportive “safety net” of a community for students when they are out in the community (p. 56). Such community offers a platform for consumers to learn and practice their social and independent living skills and to procure support and assurance in the face of social rejection (Wong et al., 2006). Additionally, for immigrants with mental illness, that community integration positively impacts their ability to learn English (Eamer, Fernando, & King, 2017). Our interviews indicate that these elements are present in the supported education programme we examined, as was discussed above, and would be elements of most such programmes. In today’s economy, meaningful workforce participation is increasingly determined by education and literacy level (Murray & Shillington, 2011). Persons with disabilities, especially those with a mental health disability, are more likely to be in low paying work or to be unemployed. Brown and Bimrose (2014) argue that “the key processes to support learning for career and labour market transitions can be represented as occurring across four domains: relational development; cognitive development; practical development; and emotional development” (p. 278). They argue that learning is part of a process of identity development and is reflected in the idea of ‘learning as becoming’ which appears in many strategic career and learning biographies. This is particularly relevant to those living with mental illness because their literacy skills, as well as their self-knowledge and identity, is often at a low level and need effective supported education and recovery programmes to address these areas of development.

Arbesman and Logsdon (2011) describe supported education as creating a conduit to employment, providing meaningful activity and access to the role of student. They found that supported education increased enrollment in school or vocational education. They identify supported education in individual and group forms as one of the best programmes to keep people in paid and unpaid employment, since people with psychiatric disorders and serious mental illness have the lowest employment rates. Furthermore, education helps to empower students to become effective advocates for change and to avoid the social isolation that persons living with mental illnesses tend to experience. This is ultimately about understanding the oppression and discrimination that one has experienced and continues to experience. Oppression includes, as Freire (1999) argues, attitudes towards physical and mental disability along with class, race and gender. For those who have felt that oppression, the empowerment of education can lead to improved self-advocacy and ability to understand how to deal with that oppression.

CONCLUSION

Students who have experienced mental illness tend to experience discontinuity in their learning careers that often leaves them feeling isolated and which impedes

their ability to integrate into the labour market and their communities. Our interview findings indicate that the new learning spaces created by supported education programmes can take student learning careers in new and positive directions. These findings illustrate that education is a continuous need rather than a finite time of preparation during youth. The impact of SED programmes extends well beyond the personal. Supported education programmes help to create more equitable communities and labour markets. With the large number of refugees and immigrants being welcomed in Canada in recent years, it is inevitable that there will be an increased demand for not only mental healthcare, but also SED programmes for English Language Learners. Supported education is one of the many lifelong learning policies that should be supported at the institutional, regional, provincial and federal levels. The Mental Health Commission of Canada was established in 2007 by the Government of Canada in order to consult with people living with mental health problems and illnesses, families, stakeholder organizations, governments, and experts and to make recommendations for a mental health strategy for Canada. There are six strategic directions including one which recommends the Government help increase accessibility to treatment services and supports including supported education (Mental Health Commission of Canada, 2012, p. 8). This accessibility is a necessity, especially for those who have experienced discontinuities in their education, career and life, in order to integrate all members of Canadian society into their communities and the labour market in an equitable way.

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