

‘Five years ago I was on suicide watch...now I'm in college gaining a qualification’.**Abstract**

In the United Kingdom, although one in four adults reportedly experienced mental health difficulties within a one year period (MHF, 2016) only 25% of them received treatment for their condition (BMA, 2017). Moreover, this group of adults are underrepresented in fulltime employment and education and so to discover ways which may help this imbalance to be addressed, an interpretive narrative study involving 15 adults with mental health problems was carried out. All the participants had attended classes in a Further Education college and were asked about their recent experiences of classroom learning; their narratives were analysed in relation to well-being and transformative learning theory. Although certain negative aspects of their learning were identified which had the potential to impede their sense of wellbeing and potential transformative learning, these were outweighed by the numerous benefits that were reported. These included benefiting socially; benefiting from the structure and challenge of learning; experiencing a sense of absorption and for some, undergoing transformative changes in their sense of self and in their thinking.

Nevertheless, the findings revealed that unless certain wider societal factors were sufficiently addressed, and specific support from the college Mental Health Advisers was provided, as well as informed teachers, the potential for these benefits to be fully realised was severely hindered. This article argues that facilitating further education opportunities for adults with mental health problems, may assist in promoting their well-being and a pathway to a different future, if the recommendations of this article are implemented.

Keywords: mental health; well-being; transformative learning; adult learning; further education.

Introduction

In the United Kingdom (UK) one in four adults reported experiencing mental health problems in a year (MHF, 2016) which will have negatively impacted their lives at many levels. At a personal level, not only do mental health problems cause mental distress but they are often accompanied by poor physical health, a lowered standard of living and shorter life expectancy, affecting both the individual as well as their families and

dependents (Layard and Clark, 2014). At a societal level, adults with mental health problems may experience prejudice and possible difficulties with employment. For instance, Stevenson and Farmer (2017, p. 5) reported that ‘300,000 people with a long term mental health problem lose their jobs each year and at a much higher rate than those with physical health conditions’, all of which may contribute to social isolation. At an economic level, the impact is equally great as the latest estimates are that it costs the economy between £74 and £99 billion per year due to ‘lost output’ (ibid.). However, despite the high prevalence of mental health problems and its ramifications for individuals and society as a whole, mental health does not have the same funding allocation as physical ill health does, as only 11% of the NHS budget in the UK is allocated to this area (BMA, 2017).

In relation to social disadvantage, the Mental Health Foundation (MHF, 2015, p. 57) reported that people who were ‘socioeconomically disadvantaged were two to three times more likely to develop mental health problems’ and that they would find it more difficult to recover well than those who had a higher standard of living. This unequal distribution reflects the social gradient in health that exists in the UK generally, which ascertains that: the more economically disadvantaged a person is, the more likely they are to be less healthy and have a shorter life span than those at the upper end of the gradient (Marmot, 2010). Furthermore, the Mental Health Foundation (MHF, 2015, p. 59) argued that ‘health inequalities or inequities are systematic differences and are socially produced in health between social groups, that are avoidable and therefore unjust’.

How classroom learning can enhance the well-being of adults

One of the recommendations made by Marmot (2010), in order to help adults who are socially and economically disadvantaged, was to provide training opportunities for them and so improve their employability and educational skills. Such provision would additionally be beneficial as there is evidence that classroom learning can contribute positively to an adult’s sense of well-being and have a positive economic impact (BIS, 2012; Clark et al., 2018; Duncan, 2015; Feinstein et al., 2008; Field, 2012; Public Health England, 2014). Specifically, Duckworth and Smith (2017) found that learning could have a transformative influence on the lives of adult students and so in light of this, the theoretical perspective that was used in this study was that of transformative learning theory (Mezirow, 2009). This theory proposed that adult learning can be

transformative when it has reached the point of causing a significant change in a person's life. Specifically Mezirow proposed, that within the context of the person engaging in both critical reflection and critical discourse with others, three main changes may take place. These are a change in: a person's frames of reference; a person's way of viewing the world; and a person's sense of self, outlined below.

A change in a person's frames of reference

Mezirow (1990, p.92) purported that the first step in the transformative process was when one became aware of their taken for granted assumptions ('frames of reference') which they used to filter how they dealt with the world and to discount any ideas that did not fit with these. If such an awareness was achieved, Mezirow (1990, p. 92) suggested that then significant changes could occur, as the person could go through a process in which they:

...transform problematic frames of reference... sets of assumption and expectation – to make them more inclusive, discriminating, open, reflective and emotionally able to change.

A change in a person's way of viewing the world

This transformative change would then lead to changing how they viewed the world, by not merely adding to existing forms of knowledge, but by experiencing an epistemological change in their frame of reference. This involves 'reconstructing the very frame' which leads to 'our knowing', and so enables this frame to become 'more complex, more expansive' in other words: 'We change our epistemologies'. (Kegan, 2009, p. 45).

A change in a person's sense of self

Another way that Mezirow proposed that transformative learning could be evidenced is by the person experiencing a change in their sense of self. This idea was reinforced by Illeris (2014, p. 40), who suggested that 'the concept of transformative learning comprises all learning that implies change in the identity of the learner'. Part of this change would then cause the person to re-interpret both their present and past experiences, in light of their new ways of seeing the world, as they 'look critically at their beliefs and behaviours, not only as these appear at the moment but in the context of their history' (Mezirow, 1991, p. 197).

How classroom learning can enhance the well-being of adults with mental health problems

Despite the potential for learning to become transformative for some adults, little research has been carried out in relation to this possibility for adults with mental health problems. For the purposes of this article, the inclusive term mental health problems or mental health difficulties will be used, to cover a range of diagnosable mental illnesses, including personality disorders (Department of Health, 2011). Work by Lewis et al. (2016) and James and Talbot-Strettle (2009) suggested that the benefits of classroom learning for adults with mental health difficulties included: enjoyment; intellectual stimulation; an increased sense of personal responsibility and feeling more 'normal' (Fernando, King and Loney, 2014, p. 23). Also, their levels of social participation and confidence increased due to being part of a class, including their ability to speak publically. However, although these studies found that classroom learning had the potential to positively influence the well-being of adults with mental health problems, they also acknowledged that there were certain barriers that needed to be overcome for these benefits to be fully realised. These barriers included: side effects of their medication; social isolation; not having a stable residence and lack of family support or support within the college itself.

Further Education and adults with mental health problems

Further Education (FE) is an umbrella term covering a variety of post 14 educational provisions and this term will be used throughout the article as referring to any adult learning that occurs within a structured setting. While the three studies above highlighted how valuable adult learning can be for those who have mental health problems, the numbers of such adults engaging in FE courses are low as is the support available within the colleges; the Association of Colleges (2017) reported that only 40% of colleges had full time mental health advisers or counsellors. This lack of adequate provision is similarly echoed in the lack of policies related specifically to adult learning and mental health issues. This can be seen in the fact that policies that do exist in relation to mental health and education, are centred mainly on children and young people (NHS England, 2015a; NHS England, 2015b). Rather, the only recent reports that do include FE are the green paper (GOV.UK, 2017) and a report by the Learning and Work Institute (2017). The former recommends that schools and colleges have mental health support teams working in them and a mental health lead among the staff.

The latter, that governments should ‘embrace the demonstrable value of adult learning’ as it contributes to ‘maintaining health, well-being and independence’ in relation to their educational aims (Learning and Work Institute, 2017, pp. 28,30). However, these plans have not yet led to policy changes affecting FE despite an NUS (2017) report having outlined 17 recommendations for colleges and policy makers to implement. The great hope is that these recommendations are taken seriously as in doing so, this may help to ensure that adults with mental health problems are not denied opportunities to engage in something that ultimately may positively affect their health and well-being. Given that poor mental health has the greatest negative influence on well-being (Clark et al., 2018), surely we as a society have a moral imperative to prioritise finding ways in which these vulnerable adults, can access such potentially life enhancing opportunities to learn?

Research aims

Building on my previous exploratory research (Buchanan, 2014) among adults with mental health problems in FE, and considering the paucity of research and policy in this field, this research study set out to add to the existing literature in this area as well as help to build upon the work by the Association of Colleges and the NUS mentioned above. The overriding hope in doing so was that these findings could help to identify how adult learning can influence the well-being of these adults, as well as to find ways in which participation in classroom learning can be encouraged and facilitated. As the term ‘well-being’ is a ‘much contested term’ (Lewis *et al.*, 2016, p. 5), finding a universal definition is problematic and so for the purposes of this study, the definition of well-being by Seligman (2011) was adopted. Seligman proposed that well-being incorporated experiencing five elements: positive emotion; engagement, (experiencing ‘flow’ (Csikszentmihalyi, 1997)); positive relationships; meaning (having a beneficial purpose); accomplishment or achievement.

Research design

In terms of ontology, this study was situated in constructivism, underpinned by a belief that there are multiple realities as ‘social reality is constantly being produced and reproduced’ (Denscombe, 2010, p. 119). In terms of epistemology, the stance was interpretivism, which is a ‘term for a range of approaches that reject some of the basic

premises of positivism' (ibid. p.121). Within interpretivism, a narrative approach was chosen, which has become increasingly popular in the sociology of health research (e.g.Charmaz, 2002) and education (e.g.Cortazzi, 1991). The reason for taking a narrative approach was due to a belief that one to one 'interview conversations' (Goodson and Sikes, 2001, p. 27) would be the best way to enable the voices of these vulnerable participants to be heard, although as Riessman (1993, pp. 8,31) pointed out, 'We cannot give voice, but we do hear voices that we record and interpret' and so such narratives are 'co-constructed'. Finally, according to Merriam and Kim (2012, p. 63), a narrative approach suits the study of transformative learning well as 'it allows people to convey their personal experience of this type of learning through stories'.

The setting

The inner city FE college in which this research took place, was chosen because I taught a class there for adults who had mental health problems and therefore had access to this cohort of learners. My class ran in conjunction with the Occupational Therapists (OTs) and the Mental Health Advisers (MHAs) who were employed by the National Health Service (NHS). The MHAs straddled the education and health sector to help these adults to transition from the healthcare system into education, training or employment. The work of the MHAs in this college had won numerous awards for their outstanding service and they were invaluable during this research, for their careful gatekeeping of the participants.

Recruitment

The participants were recruited from three different groups of students as shown in the table below as each group reflected people at different stages in their learning trajectories. In all cases the intention was to interview between five and ten students from each group but I was only able to recruit five for each group due to the constraints of the ethical approval stipulations (outlined below). For those participants who had permanent jobs prior to experiencing their mental health problems, these have been included. Apart from the members of the discrete group, recruitment was dependent on the MHAs due to the restrictions imposed by the Data Protection Act (1998) and ethical restrictions.

Table of sample summary

Discrete course	Students on a cookery course of which I was the teacher, supported by two Occupational Therapists (OTs). This class was to help students build up their skills and confidence levels in a protected class, with the hope that they would later progress onto mainstream classes. Participants were: Egren (54; domestic assistant); Louise (44; school special needs worker); Colin (41); Orla (60; care worker) and Joan (49). All names have been anonymised.
Mainstream courses	Students who had independently enrolled onto college mainstream courses (e.g. Advanced Subsidiary (AS) levels and catering courses) and chosen to disclose their mental health problems to the college. Participants were: Daisy (42); Danny (50); June (19); Prem (22) and Charlie (50).
Former-students	Former students (regardless of whether they completed their courses or not), who had been registered as having mental health problems and had attended the college within the last five years. Participants were: Reuben (20); Simon (52); Gordon (57; IT consultant); Nelson (50; trainee airline pilot) and Santosh (40; waitress).

Eight males and seven females took part although no restrictions were made regarding gender or age (ages ranged from 18 – 60), ethnicity or diagnosis. The ethnic mix was: white (three); mixed race (four); Asian (two), black Caribbean (three); black African (one); black British (two). The participants reported that they had been diagnosed with depression (six); schizophrenia (six); schizo affective disorder (one); psychosis (one) and borderline personality disorder (one). Nine participants reported having attempted suicide in the past, and three reported in the interviews experiencing recent suicidal thoughts (this was reported to the MHAs). All, except Prem and June had spent varying periods of time as inpatients on psychiatric wards. The courses which participants were studying on were the discrete cookery class; Hospitality and Catering; Initial Teacher Training; AS levels and B.Tech.

Ethics

Ethical approval was awarded by the NHS and the process involved agreeing inclusion and exclusion criteria with these health staff (outlined in a forthcoming article). This was in order to ensure that the participants with mental health difficulties, who were classed as vulnerable in the BERA (2011) guidelines (Nos. 16-21), were not harmed as a result of the research. The MHAs agreed to act as gatekeepers and so part of the signed consent included a clause that, should a participant become distressed during an interview, the MHAs would be informed and be available to meet with the participants afterwards. Some participants did become upset during their interviews but declined to either withdraw or meet with the MHAs afterwards; no ill effects were reported afterwards. Aside from the participants with mental health problems, the other participants were the students and teachers in the classes observed, who all signed consent forms.

Data collection

Data collection was carried out in two ways. These were individual semi structured interviews and class observations. The latter were only carried out for participants in the mainstream group as the discrete group was exempt given that I was their teacher, and the former-students group were no longer studying in college. Only four of the potential five members of the mainstream group agreed to being observed as one did not wish her teacher to know about her mental health problems. Each participant took part in two interviews which were audio-recorded, lasting 45-50 minutes with a three-month gap in-between. Prior to the interviews, all participants were sent an information sheet which outlined the purpose and nature of the research and the questions were first discussed with the MHAs and modified accordingly. The first interviews began with asking basic demographic information, followed by questions concerning how they came to attend college and why. This was followed by questions regarding their actual experiences in the classroom. The questions for the second interview related to what had emerged during the first interviews and from the initial analysis of those interviews. Additionally, for those who had been observed in class, questions were included relating to what had been observed.

One important consideration throughout the whole process was the fact that I had multiple roles. These roles included: the teacher of some of the participants; a teacher

and authority figure to all the participants; a former nurse, a researcher and someone who had personally experienced mental health problems. Consequently, I was aware that this would invariably affect the power differentials in the research on many fronts. For instance, for the five of the participants whom I presently taught, I was aware that this may have led to them feeling coerced into taking part and possibly inhibiting their levels of honesty as they did not want to disclose certain things or appear to be criticising me as their teacher. This realisation was particularly important as the work involved vulnerable participants and so I was mindful of the advice that ‘in conducting research it is important not to add to the disempowerment of already disempowered groups’ (Cohen, Manion and Morrison, 2011, p. 175). However, all the participants except one, reported afterwards that they had enjoyed taking part in the research, so I believe that I managed these power differentials sensitively.

Findings and analysis

A process of thematic analysis was carried out after the interviews were transcribed; I read all the transcripts a few times each, before beginning to identify potential codes which were related to my research questions and underpinning theoretical perspectives. These emergent codes were further developed by devising tables and mind maps in an effort to identify themes and move away from a linear process of analysis. This led to reaching a consensus on four main themes which contained several sub themes. In terms of the validity of my analysis, I ensured that I was explicit and transparent in detailing the steps in the analysis process and I strove to avoid manipulating the data to fit into any preconceived ideas of what I hoped to find or to misrepresent the narratives told by the participants.

Four themes emerged during the analysis process. The first concerned the negative impact of participants’ mental health problems, for example, the adverse side effects of their medication affecting their learning and the threat of relapses. The second theme identified certain pre-requisites that needed to be in place before these vulnerable students could fully engage in learning. For example, adequate shelter, food and money; having a positive relationship with their teachers, and significantly with the MHAs, who played a vital role pastorally and practically. The third concerned the negative aspects of learning, which included experiencing poor teaching and a sense of failure when not completing a course. The final theme, which will now be outlined in detail, was how

learning helped their sense of well-being. The quotations below are taken from the narratives of participants from all of the three groups and attention will be paid to the insights this work provided in relation to well-being (Seligman, 2011) and transformative learning theory (Mezirow, 1990).

(1).Positive emotion: The most frequent positive emotion expressed was that of the enjoyment participants experienced when learning in class. Consequently, when Joan was asked what she specifically enjoyed about college, she said:

Lifelong learning really. You can always maintain your sense of wonder and sense of learning something new, be open to new experiences. It keeps my mind intellectually stimulated.

Additionally, participants expressed feelings of hope that their current learning could open future possibilities for them, which in turn contributed to a change in their sense of self as Mezirow proposed. For Danny, this was in relation to having completed his training to become a chef, as he said:

Amazingly, five years ago I was on suicide watch...now I'm in college gaining a qualification and heading for a job.

Similarly, Prem reflected on how positive she now felt about her future, in contrast to her previous job as she said:

With the gardening, there was just no future in it. But I can't wait to go to university when I can surround myself with even more learning. I love like, History and Classics and anything to do with them. I have found something I really want to do.

The participants' narratives revealed additionally that many felt pride because of their recent learning, which again contributed to a change in how they saw themselves. For instance, Daisy said:

Daisy: College has made me more outgoing...You feel posh because you've got a role in society as you are a student and you know that it's going to prepare you for work as well. It's responsibility.

Interviewer: Before you came to college, what would you have said to people who asked you about yourself?

Daisy: That I'm a mental health patient.

Such positive emotions contrasted greatly with the various negative emotions that the participants had also expressed in relation to the shame and stigma they experienced or the problems they encountered within the college, such as

disorganisation. Although these negative emotions could not be completely eradicated through learning, their impact was lessened due to their positive emotions, reinforcing Seligman's view that positive emotions play a significant in a person's sense of well-being.

(2).Engagement: Several participants spoke of how helpfully distracting they felt learning to be, as they appeared to experience a sense of absorption (or 'flow') which in turn helped their mental health improve. For instance, Louise said:

It takes my mind from all the worry; the worry of thinking what's going to happen to you.

Joan also described the classes as helping her 'an enormous amount' and felt that not having classes during the holidays, contributed to a recent re-admission to hospital following a relapse:

I think my psychiatrist said that because of the long Christmas break, I wasn't involved in the activities and so that's why it (*the relapse*) happened.

Similarly, Daisy spoke of how beneficial she felt learning to be as she had not been admitted to a psychiatric ward since attending college, despite having spent many years in hospital before. Additionally, she was no longer categorised as a 'threat to society'; one would surmise that this constituted a major shift in how Daisy viewed herself in relation the world. She explained:

My psychiatrist said that he wants to take me off one of my medications. He said things are going, 'Swimmingly well' with me and my social workers are going to help get me off my Home Office Section 37/41¹, so I'm going to see my solicitor today.

Other students such as Santosh, Prem and Danny also reported lowering their medications which they attributed to being happily engaged in learning. However, these improvements contrasted with three of the former-students (Simon, Reuben and George) who had all suffered a deterioration in their mental health since leaving college and reported experiencing recent suicidal thoughts.

¹ This is a restriction order (Mental Health Act, 2007) given to Daisy when as a patient she was deemed to be a risk to the public.

Finally, both Louise and Reuben felt that their auditory hallucinations (*voices*) had lessened during the period when they attended college, as expressed during Reuben's second interview:

Interviewer: In the last interview you told me that whilst at college you kept better mentally and that the voices were a bit more controllable. Would you agree?

Reuben: Yea, it was good. College was the one place that helped me kinda get through a day. There are days I'm not really having good days as I'm not keeping my brain occupied now...

One by-product of such engagement was the beneficial structure and challenge that learning enabled due to the regular classes and assignments. When Daisy was asked what difference college made to her life, she again implied her sense of self was changing, as she answered:

It gives you responsibility. Getting up early every morning, showering, getting ready for college, washing my uniforms, making sure they are clean and doing all my homework that I'm supposed to. I like to be out and about doing something really positive.

In contrast, Joan described her non-college days as being spent 'ambling around and watching television', and Gordon intimated that his days in college had helped him to positively structure his day too as he said:

It helped to have to engage and meet with people and get out of the house. My problem was staying in when I felt low. I would stay in and stay in bed for hours and hours and days and days.

(3).Positive Relationships: Although a few participants felt frustrated about having to study alongside students who lacked similar levels of motivation, the benefits of the positive relationships they forged whilst learning, seemed generally to outweigh such challenges. These positive relationships were particularly significant as often people with mental health problems can be socially isolated for a myriad of reasons. In contrast, taking part in classes enabled them to feel part of a small community, as articulated by Simon as he said:

I felt great (*in class*) 'cos there was a mixture of all ages and it was like a community as everyone helped everyone and even though you were supposed to do your own thing you helped each other.

This sentiment was echoed by Louise as she explained:

Just to come and see people smiling with you and talking to you, that's enough for me. No, you don't understand - that is a lot, that's a lot...you feel included; it feels good as I feel like I belong.

This implied that positive interactions with others helped to enable Louise to experience a positive change in her sense of self. However, for some participants the social side contained challenges too, such as in the case of Danny who on one occasion, initiated a physical fight in class with another student. Likewise, this issue was complicated for Reuben as he had been ridiculed by some other students on one occasion when they overheard him answering his 'voices' during class. However, he was able to reflect on the positive social interactions he had also experienced, which contrasted greatly to his current isolation as he said:

When I was at college I met friends. I socialised. But now, my doctors are a bit disapproving 'cos they're always telling me I need to go out and engage with people. I just can't connect with people. I just lost hope. I lost touch with reality. I just gave up with people, you know.

The important role that positive relationships played was not restricted to involving only their fellow students but also to the staff they interacted with. The support, help and kindnesses participants experienced from the MHAs, the OTs and the teachers were commented on and provided some compensation for the times when their interactions with other students were challenging.

(4). Meaning: Many participants spoke of how they felt that learning had helped them to find a new sense of purpose in their lives. This was most evident in the plans they were now making concerning their futures which for some was to finish their present course well and progress onto another course or take part in voluntary work. For others it was progress onto a job, in which they could be productive, as Santosh explained:

Since I left college I never stopped. I got the school job which was fantastic but then left to have my baby. I love cooking because it's not only my job, it's my passion now, and I want to do something better. I want to get sous chef or head.

Louise described how her life had gained meaning since attending college as she said: 'It is a second chance as nothing positive has ever happened before'.

Similarly, Nelson said he was '100%' certain that returning to college had helped

to give him direction and meaning as he reflected how he had lost so much confidence when he first became unwell:

There was no confidence when you're ill...but once soon the treatment kicked in and I had the opportunity to go outside of the hospital, it began to grow. And coming to college, all of that kind of stimulates your way of doing things and mentally you are being rejuvenated.

The significance of acquiring new meaning and purpose in the lives of these participants cannot be underestimated given how all of them had experienced mental health problems, some at a very severe level. Their narratives suggested that this new meaning was both empowering and life enhancing and added to their changing sense of self.

(5).Accomplishment or achievement: For some participants, their sense of accomplishment came from being able to commit to a weekly obligation as well as to learn new skills within a group context. For others, it was that they had managed to persevere and complete their courses despite struggling with mental health issues. Additionally, for several participants, part of their achievements encompassed undergoing major changes in their frames of reference, which included becoming more adaptable and reflective. Orla inferred this as she said:

One of my worst faults - I don't like to be told what to do; I'm ashamed to say it but that's just it. Well, we all have our faults and now I'm thinking about trying to identify them and think, 'Let's try and improve in this'.

For a number of participants, such reflexivity and changes in their frames of reference, extended to learning how to take part in critical discussions calmly with others who held divergent views. This was expressed by Santosh who said:

I learnt not to just argue needlessly, but to say, 'This is what I think and why, but I can accept you think differently. We can agree to disagree'. It helped me to learn how to weigh up evidence and I do think things through a lot now.

For others, part of their achievements included experiencing intellectual changes in how they viewed the world, just as Mezirow postulated. This was evident in the case of Prem who, when asked if she had changed intellectually answered:

Yeah, 100% as you are constantly changing the way you're thinking, I think. The more you know, it can just make everything else seem different and sometimes it can give me a new perspective. I think throughout this year, finding a passion for Classics has just changed me quite a lot to be honest.

A similar sentiment was echoed by Reuben who said:

...after me going to college I do go to the libraries to pick up books on subjects that were way beyond what I have ever read before, on philosophy...I do try to learn new stuff there every day.

Other achievements involved acquiring new capabilities, beyond the specific focus of their specific courses, as Daisy reflected:

I've learned a lot and not just about cookery but Maths and English. I was terrible at them but since I've been here I've learned so much.

Overall, the findings suggested that classroom learning has the potential to positively influence the well-being of adults with mental health problems in multiple ways, which in turn can lessen some of the impact of their enduring mental health problems.

Discussion and conclusion

Well-being and transformative learning

The findings from this study concurred with those identified in previous literature (Fernando, King and Loney, 2014; James and Talbot-Strettle, 2009; Lewis et al., 2016), that is, that classroom learning does have the potential to positively influence the wellbeing of adults with mental health problems by contributing to increases in their levels of: confidence; hope and social participation, among other things. However, this study also extended previous findings as it identified additional benefits of learning that participants felt had positively influenced their well-being, such as experiencing: a sense of 'flow'; significant intellectual changes; improvement in their mental health; and positive changes in their sense of self due to having a role in society. These new insights were helped by the fact that the study involved extensive one-to-one interviews with participants within a non-clinical educational setting as opposed to a hospital one. Also, that by comparing three different groups, the research helped to identify themes that were common and different to all the groups, despite their differences in terms of their diagnoses, academic levels and length of time in adult education. For instance, in all three groups, participants spoke of how they had gained a sense of purpose and hope but only those in the former-students group spoke of feeling a sense of failure at being unable to complete their courses, accompanied by a decline in their sense of well-being. Yet it must be acknowledged that as this study spanned a six month period of time only, it may be expedient in the future to carry out a study involving a longer time lapse between their college attendance and being interviewed. In doing so, light may be shed

on the possible longevity of such improvements in a participant's well-being. Additionally, although this was not pre-planned, the study gained valuable insights into the difficulties experienced by those who had and did still experience severe mental health (such as bipolar disorder and psychosis). Their depth of insights as they reflected on how far they felt they had come in terms of their well-being since being extremely ill in hospital, to the time they had spent in college was both illuminating and extremely moving to hear.

Many of the narratives suggested that the participants had experienced varying degrees of transformative learning (Mezirow, 2009). In relation to experiencing changes in their **frames of reference**, this did appear to have happened in many cases, as participants spoke about becoming more adaptable and accommodating, as well as becoming more open to the views of others, e.g. Orla reflecting on her faults and wanting to change them; Santosh reflecting on her new found ability to discuss diverse opinions amicably. In relation to **changing how they viewed the world**, there were signs of this only with Prem, June and Reuben. For instance Reuben spoke of now actively pursuing more knowledge, despite no longer being at college. One explanation may be that they were all on higher level courses which may have been more intellectually challenging; another may be that as they were much younger than the other participants, they were more open to restructuring their thinking. In contrast, in relation to **change in their sense of self**, this was reported by nearly all the participants, as illuminated in this article, in the narratives of Danny, Santosh, Prem and Daisy.

However, although the findings suggested that many participants had experienced some degree of transformative learning, the process of identifying who appeared to have experienced transformative learning and who had not, turned out to be more problematic than anticipated. Trying to distinguish if and how a person had experienced transformative learning did seem to be dependent on interpretation as at times it appeared to be too abstract a concept to identify e.g. how can one truly discern if a person has undergone significant intellectual change? And if such changes did appear to happen, were these conclusions merely interpretation on my part? Yet despite these limitations, transformative theory provided a useful lens through which to carry out this research as it did seem to account for certain aspects that emerged from the narratives.

Finally, it should be noted that although almost all of the participants felt that their recent learning had influenced their sense of well-being positively, in the areas which Seligman (2011) proposed were important for one's well-being, this did not mean that they felt that they had necessarily undergone transformative learning. Conversely, even when a person seemed to have experienced a degree of transformative learning, it did not necessarily equate to experiencing sustained high levels of well-being. For instance, although Reuben appeared to have undergone significant changes in his view of the world whilst at college, which still impacted him, his sense of well-being was low at the time of the interviews. Obviously this is a reminder of the complexities involved in adult learning for those experiencing mental health problems.

Implications arising from the study

The implications arising from this work will be outlined in relation to policy, practice and research. In terms of implications for policy, I would suggest that it is vital, given the findings from this study and previous reports by the Association of Colleges 2017 and NUS (2017), that FE policies are developed and prioritised as a matter of urgency. Equally, that FE policies be given parity of esteem alongside those directed at schools and universities, not least because the students in FE colleges tend to be more socially and economically disadvantaged than those in other educational settings. Alongside this there needs to be investment in providing more adult and community learning courses as proposed by Marmot (2010), whose main purpose is not primarily to upskill students for employment. Such courses could enable vulnerable adults to build up their confidence levels gradually as they progress at their own pace, potentially onto more demanding courses or employment, as witnessed in this study.

In terms of the implications for practice, this study highlighted the need for college-based MHAs to be employed, who straddle both the healthcare and educational provision and so enable a partnership between the health care and educational provision to happen. The MHAs would provide practical and pastoral support, underpinned by their expertise in mental health matters, which the participants in this study felt the teachers had neither the expertise nor time to give. Part of this would include educating

and supporting the teachers practically, in how best to work with adults with mental health problems.

In relation to the implications for research, this work echoes the current public discourse regarding the need for more money to be spent on addressing mental health problems generally, as well as suggesting specifically that more research is funded in order to further discover how best to widen participation among this group of adults.

Additionally, I would suggest that research involving a cost benefit analysis be carried out in this context, in order to substantiate the proposition that the cost of investing in such learning opportunities could be outweighed financially by the benefits they incur (Public Health England, 2014).

In conclusion, this study revealed that further education can positively influence the well-being for adults with mental health problems, for some in a transformative way. However it should be emphasized that this can only happen if certain wider societal factors are sufficiently addressed in the lives of these adults (such as having enough money for food, shelter and clothing), otherwise the potential for them to benefit from further education will be severely hindered (see forthcoming article).

I would argue that just as a multiplicity of factors may have contributed to these participants experiencing mental health problems in the first place, there needs to be a multiplicity of ways in which to encourage such adults to engage in activities that may positively influence their well-being. Consequently, this article proposes that engaging in classroom learning may be one of those ways and in so doing, provide a pathway to a different future for these often socially isolated, vulnerable adults. Finally, given that Clark *et al.* (2018) concluded that poor mental health has the greatest negative influence on well-being, it is imperative that we as a society make every effort to facilitate educational opportunities that we know can potentially have a positive influence upon the lives of adults who experience such difficulties. In so doing, this may begin to help lessen the systematic, socially produced differences in health that exist in the UK, which the Mental Health Foundation (MHF, 2015, p. 59) argued 'are avoidable and therefore unjust'.

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