

TITLE: Facilitating belongingness through Supported Education for adults living with mental illness

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Researchers in adult education and lifelong learning have long identified the importance of understanding the lived experiences of adult learners to better address their educational needs. Hallqvist (2014) notes that because few people now follow standardized life trajectories, it is even more important for educators to take into account biographical learning to better understand their students. While self-reflection allows individuals to learn from their own lives, adult educators also benefit from attention to learners' biographies. For those adults living with mental illness, the benefit of biographical learning has significant potential to improve possibilities for future independence and hopefulness. Clark (2006) argues that the fields of adult education and disability studies could both be strengthened by drawing on their shared interests. This paper, therefore, draws on research in Adult Education and research on Psychiatric Disabilities/Mental Health to understand what the learning biographies of adults with a psychiatric disability can tell us about the role of Supported Education (SEd) programs in facilitating belongingness and hopefulness in their lives.

Access to education and employment is a key component to moving along the difficult road to recovery. Importantly, it also opens the door to experiencing "the meaningful and stigma-free social roles of student and worker" (Best, Still, & Cameron 2008, 65). Furthermore, other studies have illustrated that there is a strong connection between educational attainment and steady employment among people with schizophrenia and other mental health problems (Best, Still, & Cameron 2008). Supported Education programs, therefore, may provide the specialized support needed as participants prepare to transition from a hospital setting to the community and to pursue further education. An analysis of the learning biographies of adults living with mental illness and taking part in SEd programs reveals the importance of access to and the impact of such programs in helping to increase participants'

sense of connectivity to education. The students in the SEd programs we have been examining experience what researchers have referred to as a “double stigma” because they have both mental illness and limited literacy which means they have more limited ability to engage in both their mental health treatment as well as educational programs (Lincoln, et al. 2017).

In our full project, we have interviewed 97 adult students who have taken part in three hospital-run SEd programs. For the purposes of this paper, we will focus on our interviews with 17 individuals at one Canadian hospital; these individuals are or have been designated as Not Criminally Responsible (NCR). We will set out the context of those interviews and then contrast the learning biographies prior to their current SEd program to those within that program. We then turn to the potential of SEd to disrupt stereotypes and create hopefulness and belongingness among its participants. SEd is not a panacea nor will it remove all of life’s challenges for those living with mental illness and low literacy but it can be an important support to create a positive trajectory in one’s life biography.

CONTEXT

Located in a small Canadian city (population ca. 21,000) and affiliated with a large general hospital in a large city (population ca. 950,000), the Mental Health Centre (MHC) has had a Supported Education program since 1983 that has always been led by a certified teacher. The MHC has two main units: the Secure Treatment Unit (STU) with 100 beds and the Forensic Treatment Unit (FTU) with 61 beds. The STU is a provincial correctional facility for those who have been found guilty of a crime, and who have a mental illness that did not interfere with their understanding of their crime. The FTU is for individuals who have breached the Criminal Code, but who were found not criminally responsible (NCR) or were unfit to stand trial because they cannot understand the legal proceedings or the nature of their crime. Individuals come to the MHC from across the Canadian province of Ontario and the Canadian Yukon Territory; some are transferred from other hospitals to be near family or to be in a less secure

environment. The focus for this paper is on the 17 respondents who were designated as NCR and who were currently enrolled or had taken part in the SEd program located in the FTU. Of the 17 interviewees, two were female and fifteen male. The majority (n=14) were single, while one was dating, one was married, and one was in a common law relationship. There was an almost even split between in-patients (n=9) and out-patients (n=8) and between those who were still active in the program (n=7) and those who had completed it (n=10). Participants ranged in age between 27 and 71 years. Most were English-speakers, but three spoke both English and French and one spoke Persian.

Participants are referred to the SEd program after assessment by a Forensic Occupational Therapist (FOT) and a determination of their personal goals. If interested in pursuing an educational goal, the onsite certified teacher conducts an intake interview with the person. To be able to take part in the program, any in-patients must also be eligible to leave their ward, with either building or grounds privileges. Some patients who do not have privileges may receive educational support on the ward. Patients are reassessed every six weeks, at which time they discuss and update their goals. In addition, the FOT will assist clients who are transitioning to or living in the community.

The current SEd teacher is an Ontario Certified Teacher (OCT)¹ and has been working in the facility for approximately 30 years. The position does not require OCT certification as it is not considered a professional teaching position, but neither is it considered a regulated healthcare professional position. This ambiguity in role means that the position tends to be underpaid and underappreciated by the hospital bureaucracy (Fernando, King & Eamer 2017). There is an additional challenge in that the person in this position must ideally be adept at both teaching adults and working with mental health illnesses; often, instructors are only trained in one of these areas. Once participants have been released

¹ In Canada, education is a provincial responsibility so each of the ten provinces and three territories have separate certification for teachers who have completed a teacher education course and meet provincial standards for qualification. Ontario is a province in Canada and an Ontario Certified Teacher (OCT) is the designation granted by the Council of the Ontario College of Teachers to qualified, registered members in good standing.

from the MHC and are deemed prepared for adult education programs in the community, they are referred to an adult education school run by the local school board and co-located in a community college. The school-college partnership affords students the opportunity to better transition from high school courses and general upgrading to college-level programs.

LEARNING BIOGRAPHIES: PAST EDUCATIONAL EXPERIENCES

Most of the participants in the SEd program in our case study had completed at least some high school, while a few had attended some post-secondary education (see Table A below).

Table A: Level of education when starting SEd program

Level of education when starting SEd program	Frequency	Percent
Attended some primary school	n=1	5.9
Completed grade 8	1	5.9
Attended some high school	9	52.9
Attended some college	4	23.5
Attended some university	1	5.9

Clark (2006) argues that “[c]urrent adult education theories on barriers to participation do not include an analysis of disability as a possible explanation for why so few disabled attend our higher educational programs” (p. 311-312). Our project aims to add to the research about the educational experiences those living with mental illness by collecting participant reflections on past and current experiences with school, teachers, and learning. It has been well-documented that people living with mental illness tend to face more barriers and disruptions to their education than most (Lincoln, et al. 2017; Gregg 2012; Best, Still & Cameron 2008), and many of the students in our study similarly described a variety of barriers to their education in the past. For many of our participants, their mental illness was not diagnosed until after dropping out of or being expelled from school. Not surprisingly, the most common barrier faced was mental health, but other barriers included family problems, addictions, and finances (see Table B below).

Table B: Past Barriers to Education Achievement

Have you experienced barriers due to:	Number*
Mental health?	n=8
Family issues?	6
Addiction(s)?	5
Financial issues?	5
Social isolation?	3
Learning disability?	3
Medication(s)?	2
Language skills?	1
Accessing programs?	1
Instruction/instructors?	1
Other?	3

* Some participants indicated more than one barrier.

It is clear from the combination of comments about the multiple challenges faced by interviewees that there was not one singular cause for problems with previous education. During the interviews, none of the interviewees specifically referenced examples of how their mental health impacted their prior education as they were not always fully able to make those connections; however, many of the comments may be suggestive of undiagnosed learning disabilities and mental health problems, while other comments reflected a general lack of engagement in their education which could be a result of family issues, a lack of connection to teachers, or bullying. For instance, various participants commented about an inability to pay attention or concentrate, being bored, and skipping classes.

- It was kind of boring. **[Client ID 005]**
- Yeah so, I don't know, I didn't even, I didn't really like even like sitting in class and having to do work. I thought it was really tedious and, I don't know. Overall, I didn't like high school that much, I thought it was really confusing at times thought. **[Client 006]**
- Yeah. Oh, back in those times I was so, kind of, behaviour adaptation-oriented, you know, skipping, defiant. Just not taking things seriously ... and learning life lessons along the way, now, helped me understand the difference between, you know, what things turn out like versus if,

you know, plan for them in school is important and you stay in school your whole life. **[Client ID 001]**

- [in regards to university] It also I think a lack of ability to concentrate to understand the seriousness of the lectures. I had spent a lot of time in the Aux drinking beer and that was like the highlight of my stay there I think. **[Client ID 003]**
- I thought it was an absolute waste of time. **[Client ID 009]**
- Yeah and I didn't really try in school and I skipped a lot, so I never really went anywhere with it. Oh yeah. I stayed in school until I was 17-years- old but I was skipping all the time. I wasn't working on my studies. **[Client ID 013]**

Drugs and addictions were also an important piece of the story for many participants. Although there was a recognition that drugs had an impact on their experience, there was no sign of regret about those past choices. Some research has demonstrated that young people with mental illness are more likely to smoke, abuse alcohol, and use prescription and non-prescription drugs recreationally (Ringen, et al. 2008; Henderson, et al. 2014).

- Doing drugs, skipping school... Bad milieu at school, trying to be popular. **[Client ID 001]**
- When I was either drunk or stoned, or drunk and stoned. **[Client ID 009]**
- I'll be honest. I was into marijuana. **[Client ID 013]**
- Actually pretty good in high school until I started taking drugs. I was doing drugs and stuff. I couldn't concentrate. **[Client ID 016]**
- Like you do, but you don't – you always want to skip school. I used to do that, skip school. Yeah, and do drugs. **[Client 017]**

The presence of a learning disability often impacts both educational experiences and the likelihood of also having a mental illness (Herron & Priest 2013). In our study, only three participants indicated that they had a diagnosed learning disability, two of whom stated:

- A learning disability; I couldn't concentrate, I couldn't sit down and write a, I could write letters, but I couldn't really - Couldn't process it, it sounded gibberishy. I'm crazy I guess, that's .. **[Client 007]**
- Well, my parents thought that I didn't hear certain sounds, but they tested me in sound booths with different frequencies and whatnot, but I think what they found out is I'm partially dyslexic. **[Client 008]**

Some participants indicated that they had mixed experiences with school. Some had a better time in elementary school, while others preferred high school. Friendships and teachers were important in influencing positive perspectives of school.

- I went to a kind of old school grammar school in Australia [Canberra Grammar School] because my father was a diplomat. I went to a grammar school where there was all boys in uniform and a headmaster and compulsory sports. Lots of running, cross-country running and carnivals and stuff. So I remember quite a lot and particularly I had some very good friends down there at that point when I was like 13 to 17 years old, I lived there. So what I remember most from school was my circle of friends and some of the games we played together. We played Dungeons and Dragons a lot together. That's more of my happy memories. The psychologist I was talking to says I'm lonely for them though, that I kind of miss my friends or other things too...I got pretty much straight A's from like – actually in fact from like Kindergarten to Grade 12, I give it like maybe 99% straight A's. I was a real promising student particularly in English they said. **[Client ID 003]**

- Somewhat, I liked the fact that I got to meet up with my friends every day. **[Client ID 006]**
- I found the teachers tried everything they could for me **[Client ID 001]**
- And public school, I mean, I did good. I loved the teachers because they were a lot better, but I did pretty good. **[Client ID 016]**

For others, teachers and other students had a negative impact.

- I picked up a lot of taunts in school and yet I was kind of pleased to be finished school so I wasn't really sure I wanted to go back [to do the SEd school program] when I had, you know, good reading skills, good writing skills, mathematical skills. They would basically serve me in the real world and I think I would like to prioritize what I read too. **[Client ID 003]**
- But it's, but they're just very tough in the French system back then. Like, you get like, there's physical violence and stuff in the schools then, too. Like, even with the teachers.... Yes, like we'd get the strap... Or if we got caught spitting, we'd get our mouth washed out with soap, and. **[Client ID 004]**
- Well I didn't like, like teachers' authority, principal's authority and I don't know, I was kind of like a little rebel kind of. **[Client 006]**
- They weren't nice to me, overly. But some were. **[Client ID 011]**

Similarly, family circumstances and lack of support from family members were important influences on school experience and success.

- No, no, they didn't care about education. **[Client ID 005]**
- I became hostile toward my parents. **[Client ID 009]**
- Switching from different locations [across Ontario] ... military base and then to Quebec and then back to Ottawa. It was kind of like switching schools were [sic] upsetting me because I had

friends that were kind of bad in a sense, you know? Destroyed my whole life really but I just started taking drugs and all that. **[Client ID 015]**

- I started taking them [drugs] – my dad thought I was taking it. He kept accusing me of it, and I wasn't taking drugs; to the point where I just, you know, figured, "What's the use? I mean, I might as well." **[Client ID 016]**

These stories of experiences of schooling as children and youth demonstrate the challenges that many of our participants faced before taking part in this SEd program. To gain access to the necessary support, however, these individuals needed to be hospitalized. Without hospitalization, they would not have had the opportunity nor the individualized support that enabled them to gain the mental and social stability necessary for entrance into a supported education program. This in turn allowed them to see themselves as more than just patients by regaining a student identity, which helped to improve their confidence and hopefulness, and to work towards their personal and educational goals (Fernando, King, Eamer 2017).

LEARNING BIOGRAPHIES: EXPERIENCES IN SUPPORTED EDUCATION

Patients admitted to the Mental Health Centre are assessed by an integrated health team that makes recommendations about programming and helps patients to set goals. Those who choose to attend the SEd program do so either because they have specific educational goals for the future or because there may not be another program that interests them. Once enrolled, participants are further assessed by the instructor to determine more specifically their educational goals, including what type of program they wish to follow (i.e., general upgrading, high school credits, or post-secondary preparation) and the types of supports they will need. The largest number of the participants were working on high school credits, followed by academic upgrading and computer skills. Only one person was an English

Language Learner, while one was working on post-secondary preparation, and one was in more than one stream (see Table C below).

Table C: SEd stream

What stream(s) are/were you in?	Frequency	Percent
High school credits	n=7	41.2
Academic upgrading	4	23.5
Computer skills	3	17.6
English as a Second Language	1	5.9
Post-secondary linking and support	1	5.9
Multiple	1	5.9

The students' feelings about belonging in education were fundamentally changed by their experiences in the SEd program. Those who had positive experiences felt less isolated because the SEd program was tailored to meet individual needs and focused on making students feel that they did indeed belong in an educational program. They felt involved in the direction of their learning and were included in educational decision-making by supportive instructors in their program. Their confidence and independence increased and they felt good about being part of this type of program because it more closely met their expectations than past educational experiences had. The SEd program facilitates more than just the development of literacy skills: improvements in their social skills led some students to also perceive changes in family and community relationships because of their increased ability to interact and their ability to connect more fully with others (see Table D below).

Table D: Feelings about current SEd program

	Yes	No
Has anxiety about education or school been a challenge to your learning?	n=6	n=11
Have you ever felt upset by your instruction/learning in the SEd program?	4	12
Do you feel involved in the direction of your educational program?	15	2
Do you feel included in the decisions about your educational program?	15	1
Do you feel supported by the instructors in your program?	15	1
Has your time in the program made you more confident about yourself?	12	4
Do you feel good about being/having been in the program?	15	1
Are you currently or planning to participate in further education?	8	10
Has the program changed your level of independence?	11	4

Has this program changed your social skills and confidence in interacting with others?	12	3
Has this program changed your relationship with your family?	7	6
Has this program changed how much you participate in your community?	8	7
Has this program changed how you access services or supports?	8	7
Have you worked on any specific high school or college credits?	10	5
Did the program meet your expectations?	10	2

In spite of choosing to take part in the SEd program and having generally positive feelings about it, participants continued to experience barriers, with motivation being one of the main problems. This highlights the limitations of SEd programs which, while offering a positive educational experience, cannot overcome all external challenges in students’ lives. Mental health, which includes the managing the lifelong challenges of ongoing psychiatric disabilities, continued to be a significant barrier, as did medications, finances and addictions. Nine individuals indicated “other” barriers to being successful in their educational goals (see Table E below). SEd programs offer help, but they are not a panacea: they cannot create greater access to services or the labour market nor do they decrease stigma around mental illness.

Table E: Current barriers to education

Have you experienced barriers due to:	CURRENT BARRIER
Motivation?	n=5*
Mental health?	4
Medication(s)?	4
Financial issues?	4
Addiction(s)?	1
Other?	9

* Some participants indicated more than one barrier.

DISRUPTING STEREOTYPES: HOPEFULNESS AND BELONGINGNESS

Educational support for adults living with mental illness has flown under the radar of public notice until recently. With increasing attention being given to mental illness among youth and adults

through very public campaigns (such as Bell Canada's #BellLetsTalk),² progress is being made in raising awareness about stigma around and the prevalence of mental health disorders among elementary, high school and post-secondary students, as well as the general public. These type of campaigns concentrate on reducing isolation and increasing hopefulness for those experiencing mental illness. There has also been an increase in funding for mental health services from both the Canadian and Ontario governments.³ However, the funding and implementation of adequate programming and access to counselling is still lagging behind the actual need in most communities. In addition, government mental health service funding is not provided for supported education programs because literacy skills and SED programs are not seen as integral to mental health, despite the fact that research shows that literacy is a social determinant of health and integral to mental health in particular (Fernando and King 2017). As Lincoln et al. (2017) argue, "better understanding of how limited literacy takes shape in the lives of people with serious mental illness is a critical step in reducing their health disparities and enlarging the scope of meaningful lives" (p. 122). It is also important to note that those who are receiving or have received hospital-based support often struggle with reintegration into their lives outside of the hospital. Having access to and support for the resumption of their educational careers is one important way of creating the sense of belonging that reduces relapses and affords them a better chance of being successful once released from the hospital; however, little attention has been paid to hospital and community-based adult education programs intended to support adults living with mental illness.

² **Bell Let's Talk** (French: *Bell Cause pour la cause*) is a program by Bell Canada, a Canadian national phone company, to promote mental health education, research, and awareness, to reduce the social stigma of mental illness and to help fund mental health access and research programs. The program is most known for its annual **Bell Let's Talk Day** and the associated charity fundraiser. On one day every February, Bell Canada gives money for these initiatives every time Bell customers phone or text, use social media platforms, view specific mental health information or tweet #BellLetsTalk (<https://letstalk.bell.ca/en/our-initiatives/>).

³ In the Canadian federal Budget 2017, the federal government provided targeted funding of \$5 billion over 10 years to provinces and territories to improve access to mental health services. In particular, this investment was supposed to lead to better access to and shortened wait times for mental health support to help families, including children and youth under the age of 25. <https://www.budget.gc.ca/2017/docs/plan/chap-03-en.html>

Clark (2006) points out that “each disability has learning issues that are inherently different and require individualized instructional strategies, techniques, and teaching approaches” (pp. 311-312). This is particularly true for those living with a psychiatric disability and who may not be able to cope with large groups, strict schedules, requirements to sit still for extended periods of time, and so on. While some improvements have been made over the last fifty years, these are things that continue to allow for affordable and efficient publicly-funded education systems to be accessible to the majority of citizens; however, those who cannot fit into the parameters of the public education system are often left to fend for themselves after being expelled, aging out or being otherwise excluded from the traditional classroom spaces. Providing true equal access to education means providing the “opportunity to participate and function independently within an educational activity” (Clark 2006, pp. 311-312) and increasing the sense of belonging for those within a community. When these opportunities are provided, whether inside traditional classrooms or in specialised spaces, all students benefit.

For the students in our study, the opportunity to take part in the SEd program was seen as important to their future. As one participant stated, “it gave me a challenge, like a discipline to kind of keep up with a course load. And like, live up to commitments, like if I say I’m going to be there ... three mornings a week, you do that” (Client 012). Another 43-year old student had a similar experience. During his three years in the SEd program, he successfully completed his high school diploma, a food handler certificate, and a certificate in hazard analysis. These allowed him to gain more responsibility in his job and to become a Health and Safety representative and a provider of WHMIS training. His goal is to become a supervisor at his job in a chain fast food restaurant. Now considering studying at Athabasca University, he is enrolled in a college preparation program to upgrade his high school credits (Client 001). For one participant who is an English-language learner, the SEd program has increased his confidence in using English, to attend school and to make friends, although he still struggles to understand English (Client 002). Even those participants who have had some successes in their prior

education need help to get back on track. For instance, one 38-year old had completed high school on time and begun a community college program, had to drop out due to illness. Once enrolled in the hospital's SEd program, he was able to complete a business administration diploma through a correspondence program. During this time, he was trusted by the staff to "do itineraries ... that took a lot of writing work, [and then] they allowed me out in the community because they'd seen my – some of my skills being used." Although still struggling with mental illness, he has developed the organizational skills that allows him to run his own business and to work part-time (Client 011). Another participant who has been enrolled in the program for some four years, has been working on his high school diploma and hopes to attend a post-secondary program in fashion design, but he is still shy and nervous around other people (Client 013).

Education in any form is a potentially contradictory experience. On the one hand, education can reproduce dominant social orders; on the other hand, it can open the door to "contesting and critiquing the dominant hegemony" (Merrill 2006). The learning biographies of our participants illustrate the difficulties that they encountered when taking part in formal schooling and that can be traced to macro and micro social factors, while also illustrating the strategies used to overcome those challenges (Merrill 2006). Furthermore, some participants experienced abuse at home which contributed to their problems at school. One participant commented: "My dad said I would never do it ... part of my mental illness was because my dad hit me in the head, he ran my head into a brick wall and he said I would never amount to anything, I wouldn't even get my grade 12. And I just wanted to prove him wrong" (Client 007). Similarly, another participant explained: "I left home because I didn't want to get beat up no more; a series of group homes and foster homes. I went to school there, that's where I finished my grade seven" (Client 007).

With the ongoing powerlessness that most adults living with mental illness experience, rediscovering education outside of the formal school systems affords opportunities for them to reclaim

a student identity (in place of or in addition to their identity as a mental health patient), discover “really useful knowledge” and become active citizens (Merrill 2006). Kaufman (2014) shows that acquiring an identity as a student is not merely an individual process involving cognitive or psychological changes but rather a social process involving both “personal avowals and social attributions (p. 35). Sanders and Munford (2016) found that high school students would develop alternative self-stories in order to find somewhere to fit in the learning community. Dean and Jolly (2012) suggest that increased sensitivity on the part of instructors can assist in re-engaging these students so that the identity development process can proceed. An understanding of how educational experiences can impact those living with mental illness differently from other people is important, as is an understanding that people have “nested identities” (Smith 2012, 129); in other words, educators must remember that their students have multiple identities.

Exploring the learning biographies of their students can also be useful for instructors. When adult educators understand the contexts within which learners have experienced prior education, they are better able to understand why learners may be frustrated or resistant in their learning. Furthermore, understanding how learning experiences are constructed by sociocultural and historical factors helps learners and instructors to turn experience into knowledge (Belzer 2004). That knowledge can then inform the instructor’s interactions with the students.

CONCLUSION

While biographical learning can provide important insights into the impact of SEd programs on adults living with mental illness, it is limited by the inherent power structures embodied by the institution and its workers, including the teacher. As Hallqvist (2014) notes, biographical learning “understates the power of structures over individual lives” (p. 503) which raises the need to link biographical learning with structural conditions in order to avoid passive adjustments of individuals to

the individualization process. Instead, the use of narrative processes or storytelling can become more than simply an outcome; it can become “learning-in-action” in which people negotiate meanings. In this respect, participants in SEd programs who have the opportunity to reflect upon their educational experiences may be able to retrieve some or all of their “unlived lives” (Alheit 1994, cited in Hallqvist 2014) through their new efforts at education which in turn has the potential to allow learners the opportunity to rediscover belongingness and hopefulness. It is through learning that individuals of all ages, abilities, and experiences are able to symbolically travel “from dependence to autonomy” (González-Monteagudo 2017) and therefore move from feelings of isolation to feelings of belonging.

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