

Improving mental health through learning

You're never too old to learn, or certainly you shouldn't be. Considering the hugely positive effects that keeping mentally stimulated can have for people of all ages, care homes need to provide opportunities for residents to engage with different kinds of learning.

The Government's Mental Health Strategy (2011) outlines clearly that learning is one of the key ways to mental wellbeing and that we should improve access to education to assist recovery. The Foresight report on mental capital and wellbeing (Government Office for Science, 2008) highlights the 'five ways to wellbeing', one of which includes 'keep learning'.

This article explores the benefits of informal learning in care settings and how organizations, such as L4A (Learning for the Fourth Age), and individuals can facilitate this.

The effects of learning

A report from the National Institute of Continuing Adult Education (NIACE), *Informal Adult Learning in Care Settings* (Aldridge, 2010), demonstrated that increased learning in care settings is necessary, for both residents' wellbeing and the UK's longer-term financial welfare. This report explains how learning as we age can prevent or delay the onset of dementia (Sorensen, 2011) and that it improves physical mobility. Leisure activities that may help include: dancing, card playing, adult education and learning a foreign language (Sorensen, 2011).

Learning also helps people to feel fulfilled, productive and useful, to be more confident and sociable, and to feel an improved sense of independence, choice and control in their daily lives. Moreover, engaging in learning could increase continence levels, and de-

Learning can contribute to mental wellbeing in later life. Melissa March, Director of L4A, explains how volunteers, care homes, coordinators, friends and family can facilitate learning.

crease the usage of antipsychotic and antidepressant drugs (Aldridge, 2010). In short, older people can maintain healthier minds by being mentally stimulated, and this is in everyone's interest.

The report *Together But Alone* (Residents and Relatives Association, 2010) showed that as many as 40000 people in care settings receive no visits, letters or phone calls. This isolation and the impact it has on mental health is something we must tackle, and is an issue that learning could positively influence.

Learning for older people in care settings falls between both health and social care policy priorities, and education priorities. Health and social care sees learning as a peripheral need, which falls under the often neglected area of 'activities' along with visits from local faith groups and the chiropodist; education policy favours qualifications for those who can contribute back financially to society with improved job prospects or higher earning power. As an example, Care Quality Commission inspection criteria fails to even mention mental stimulation with regards to learning.

Everyday learning

If we say that learning is 'the broadening and deepening of knowledge' then we can include as learning everything from reflecting on what happened in the past through to taking lessons in Japanese. For some residents, the learning challenge is to adapt to life in the care setting, while for others it is to enrol at the local adult education centre.

L4A recruits, trains and supports a network of volunteers who go into care settings and provide one-to-one learning for residents. This includes showing people how to use the internet, running arts and crafts clubs, helping people to improve their foreign language skills, creating family trees, discussing current affairs, and making life story DVDs. All of the learning is chosen and directed by the service users and their needs.

L4A operates in Leicestershire, Leeds and Sheffield but is looking to expand. In the Derbyshire Dales, there is a similar and excellent organization called First Taste. Beyond this, other provision is very hard to find, if it does exist. Instead, I suggest that care homes involve visitors and local volunteers in mentally stimulating the people they are visiting and others around them.

The services L4A provide to care settings have four key benefits:

- They are one-to-one and personalized to the needs of each individual learner
- They are mentally stimulating
- They offer a wide choice of possibilities
- They provide social interaction with people from the local area, who are usually under 25 years old, which promotes increased inter-generational understanding.

Facilitating learning in care homes

All too often the doors of care settings are closed, which locks residents in and the local community out. We need to change this to make life for residents more varied, interesting, and therefore healthier. Care homes could hold fêtes and parties, and host visits from different types of professionals.

Activity coordinators

The role of the activity coordinator is absolutely key in developing learning inside a care home. The activity coordinator should try to find ways of embedding learning and choice into everything that takes place. They can run quizzes, arts and crafts classes, facilitate debates about political issues, and bring in guests from the community who are of interest to the service users. Guests could,



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for example, include speakers from the local history society or a nearby choir. In this way, activity coordinators are facilitating the different things that are taking place, rather than delivering every activity themselves.

Volunteers, friends and family

By visiting weekly, L4A volunteer learning mentors are also combatting the huge problems that many older people face with loneliness, despite being in a crowd. Bringing in volunteers once weekly to engage residents in constructive ways is a promising start to a culture shift that encourages embedding learning into their daily lives (see *Box 1*).

Family, friends or other volunteers already visiting a care setting also play an important role in engaging the person they care about in conversations, stimulating activities, interest and fun. Encouraging these visitors to bring in photographs, books and artefacts, as well as their own skills, experiences and knowledge, involves them in a culture change that can spread.

At L4A, around 80–90% of our volunteers are under 25 – many are local students. Given the record number of people aged 16–25 who are unemployed, we think that L4A has an important role for them as well. For example, they learn to communicate with someone who is deaf, or with someone whose speech is jumbled due to a stroke. They learn to plan, organize and deliver learning in a positive way and learn to think on their feet. When we started the organization, we believed that older people would

benefit from this work. It quickly became clear that our beneficiaries also include our volunteers.

Conclusion

There are a few examples of good practice in providing learning to care settings. We need to learn from them and spread the benefits across all social care for older people. *Box 2* illustrates some of the free materials available online to support different social care professionals in doing this.

It can be very easy to develop a culture of learning within a care setting, which reaps countless rewards for all who live, work and visit it. Advantages include financial savings, the creation of a positive cultural change among staff and visitors, but much more importantly, the undeniable benefits for residents' wellbeing.

Aldridge F (2010) *Enhancing Informal Learning for Older people in Care Settings a guide for managers*. NIACE, Leicester. <http://tinyurl.com/652sb2h> (accessed 1 October 2011)

Department of Health (2011) *No health without mental health: a cross-Government mental health outcomes strategy for people of all ages*. <http://tiny.cc/tex7p> (accessed 1 October 2011)

The Relatives and Residents Association (2010) *Together But Alone: Isolated Older People in Care*. Relatives and Residents Association, London

Government Office for Science (2008) *Mental Capital and Wellbeing: Making the most of ourselves in the 21st century – Final project report*. The Government Office for Science, London

Sorensen S (2011) *Life long learning and dementia*. NIACE, Leicester. <http://tinyurl.com/3h2zsjg> (accessed 1 October 2011)

Box 1: case study - Fay

L4A met Fay during her first week in residential social care. She wanted to learn about two things that were both entirely new to her, computing and art. She wanted to learn how to use a computer to keep in touch with family and friends and relay her stories.

Fay wanted to try sketching for the first time because other members of her family excelled at it and she wondered whether this was a family trait that she shared. Because we started working with Fay so soon after she moved to residential care, she felt she could maintain her individual interests. She has one-to-one classes in computing each week and enjoys her weekly group art class. She has produced artwork she is proud of and regularly sends emails, surfs the web and uses websites independently.

She very much enjoys the company of her learning mentors and looks forward to their weekly visits. All of this made her transition from her own home to social care easier as she was able to maintain her sense of self as an individual, and as a learner.

Key points

- **Learning as we age may prevent or delay the onset of dementia**
- **Learning also helps people to feel fulfilled, productive and useful, to be more confident and sociable, and to feel an improved sense of independence, choice and control in their daily lives**
- **By visiting weekly, L4A volunteer learning mentors are also combatting the huge problems that many older people face with loneliness**
- **Care homes, activity coordinators, volunteers, family and friends can all facilitate the older person to learn.**

Box 2: further information

www.L4A.org.uk

www.youtube.com/watch?v=PsDCs3t3HHQ

www.firsttastecharity.co.uk

www.niace.org.uk:

- <http://www.niace.org.uk/news/learning-transforms-lives-in-care-settings>
- A free guide to learning for staff in care homes: <http://shop.niace.org.uk/care-settings-care-staff.html>