

The capabilities approach, adult community learning and mental health

Lydia Lewis*

Abstract The capabilities approach (CA) developed by Amartya Sen and others has been extremely influential as an approach to evaluation, social assessment and policy analysis and development. In the context of the current UK policy arena, this paper outlines Sen's CA and argues for its utility as a theoretical framework for understanding and evaluating the relevance of adult community learning to mental health. It shows how the CA can be employed for this purpose and discusses the relevance of gender and other social inequalities for understanding in this area, thereby contributing to a growing body of literature on developing a social model of mental health.

Introduction

Adult community learning (ACL) is learning with people in their communities, 'somewhat removed from more formal educational provision' (Coare and Johnston, 2003, p. xi). In the UK context, it often involves local authorities, the third sector and outreach to less advantaged people and encompasses a social purpose regarding the promotion of equalities, social justice and a critical democracy (Coare and Johnston, 2003). ACL frequently acts as a catalyst for community development (CD) through bringing people together or providing the education and training needed for CD practice, while CD activities themselves comprise informal learning (NIACE, 2010). The Workers' Educational Association (WEA), the largest UK third-sector provider of ACL, has three main strands: community involvement, covering crafts and creative arts, computer skills, health, family learning and courses for trade union activists; cultural studies,

*Address for correspondence: Lydia Lewis; email: l.m.lewis@bham.ac.uk

encompassing art, history, literature, creative writing, music and science; and second chance to learn which includes English for speakers of other languages, literacy, numeracy, computer skills and study skills (see <http://www.wea.org.uk>). Some of this provision is targeted for mental health and delivered in partnership with mental health agencies, provision which includes courses addressing mental health issues such as confidence building, assertiveness and 'personal development'.

The social and personal benefits of ACL in relation to mental health and well-being have been documented (e.g. [Aldridge and Lavender, 2000](#); [Callaghan et al., 2001](#); [Schuller et al., 2004](#); [Dutton, 2007](#); [Field, 2009a, b](#)). However, much policy-based research in this area has not been theoretically informed and has not engaged critically with the concept of 'mental health' in the context of gender and other social inequalities. Consequently, the processes through which ACL influences mental health and how these may vary across social groups remain unclear ([Field, 2009b](#); [Matrix Knowledge Group, 2009](#)).

In this context, this article argues that the capabilities approach (CA) developed by [Sen \(1999, 2010\)](#) can provide a conceptual framework for understanding and evaluating ACL and its relevance for mental health. In so doing it connects literature on mental health and well-being in the contexts of ACL, CD and social perspectives more generally. A brief overview of the policy context, focusing on the UK, and an outline of the CA are presented first.

The current policy arena

Recent policy on ACL has been shaped in Western countries by neoliberal ideologies which prioritize its contribution to employment, skills and human capital. In the EU context, this has occurred through the framing of 'lifelong learning', viewed as directly related to the knowledge economy and social cohesion through widening participation in learning and raising levels of education ([Brine, 2006](#)). Reflecting this, the UK ACL policy in the last fifteen years has been shaped by a wider focus on social exclusion which has prioritized an economic agenda concerned with workforce participation for productivity and growth while also encompassing a social justice and equity agenda ([Coare and Johnston, 2003](#); [Ball, 2008](#); see [BIS, 2010, 2011](#)).

In the UK, the Conservative–Liberal Democratic coalition government since 2010 has acknowledged the wider benefits of learning, including its 'positive impact on mental health and wellbeing' ([BIS, 2010](#), p. 30; see also [BIS, 2011](#)). However, this has conflicted with an instrumental policy approach and risked being subsumed within a utilitarian, market-driven

agenda which subjugates the personal, social and cultural value of education (Bubb 2010). The core funding of ACL therefore remains precarious, amid pressures of formalization and concerns about a continuing shift towards a narrow vocational agenda.

Meanwhile, there has been a renewed focus for ACL on CD (NIACE, 2010) in the context of shifts towards decentralization and directives for more active citizenship within local communities (see BIS, 2011). However, since CD focuses on collective assets and engages with social inequalities issues, it is unclear how this renewed focus will fit with the individualized and homogenized view of learners inherent within an economically driven policy agenda (Brine, 2006). Furthermore, given that a CD approach requires provision to focus on what communities need and want (NIACE, 2010), it is unclear how the planning of local provision will ensure a balance between 'the views of local government, local communities and local business leaders' (BIS, 2011, p. 13) in a policy context which prioritizes economic concerns.

Consequently, this is a climate in which there is a continuing need to make the case for the wider value of ACL and for its both direct and indirect contributions to enhancing economic, political, social and cultural life. Mental health is strategically significant here because it is a rising national and global health concern. In the UK, there is expressed governmental concern with national well-being (ONS, 2011) and 'mental capital' (GOS, 2008) while, following the white paper, *Healthy Lives, Healthy People* (DH, 2010), a new cross-government strategy aims to mainstream and give heightened priority to promoting mental health in England (HMG/DH, 2011). Meanwhile, the Cabinet Office has endorsed the 'social return on investment' evaluation model for third-sector organizations which provides a way of capturing the value of the impact of their activities beyond simplistic financial measurement (see Nicholls *et al.*, 2009). Thus, in this context, this article seeks to show the relevance of CA as a normative theory of human development and a broad evaluative framework for social policy and provisioning (Vaughan, Unterhalter and Walker, 2007) which can be applied to the area of ACL and mental health.

The capabilities approach

The CA is a human rights-based theory which centres on human development and flourishing as a product of the conditions in which people live (Carpenter, 2009). As set out by Sen (1999, 2010), it is a theory of social justice concerned with the 'substantive freedoms' or choices people have to achieve valued functioning which can include 'elementary ones such as such as being adequately nourished' as well as 'complex activities or

personal states' (Sen, 1999, p. 75) such as being knowledgeable, having self-respect and participating in community and political life. The theory focuses on the issue of whether such freedoms – or 'capabilities' – are widely shared in society, whether people have equal opportunities to achieve functionings, or 'valued beings and doings' (Sen, 1999). It is therefore centrally concerned with the cultivation of individual agency – people's ability to choose and to pursue their own valued goals (Walker, 2005).

The CA arose as a challenge to solely economic measures of human development associated with the tradition of neoclassical economics and neoliberal ideologies (Carpenter, 2009) and as 'an alternative to utilitarian (resource or income-based) approaches to human welfare' (Hopper, 2007, p. 874). Moving beyond these, Sen proposes broadening the evaluative space to consider the effects of rights, freedoms, policies and social, political and economic arrangements on people's capabilities and lives, on people's 'well-being'. The approach is humanistic, and encapsulates but expands the focus of human capital theory on social provision such as education as a productive resource to focus on the opportunities for human freedom that such provision creates. It also points out that although freedoms are inter-related and can be mutually reinforcing (e.g. social opportunities such as education facilitate economic participation which in turn helps generate public revenue for social facilities), economic growth or consumption does not always expand capabilities and functionings, and valuable functionings (e.g. social activities) exist outside of the market (Carpenter, 2009; Sen, 2010). In addition, Sen argues that we should value the intrinsic importance of freedom and not just the use that is made of it.

Sen (1999, 2010) thus highlights both process and outcome elements to freedoms; having capabilities is important in itself in allowing for choice as opposed to constrained lives (substantive freedoms) and because it fosters opportunities to achieve valuable functionings (instrumental freedoms). He argues for consideration of human capabilities in terms of: 'Their *direct* relevance to the well-being and freedom of people' as well as 'their *indirect* role[s] through influencing *social* change and . . . *economic* production' (Sen, 1999, p. 296).

Sen also emphasizes how the translation of resources into capabilities – what someone 'can or cannot actually do' (Sen, 2010, p. 261) – is subject to variation according to a person's social characteristics (gender, age, disability etc.) and the social and environmental conditions of any given society, i.e. 'conversion' factors. There is recognition of potential external and internal barriers to converting resources, or commodities, such as education into capabilities for disadvantaged groups. These barriers include income deprivations as well as 'adaptive attitudes', since people's

expressed preferences may be conditioned by acceptance of restricted agency due to discrimination or disadvantage. There may also be a ‘coupling of disadvantages between different sources of deprivation’ (Sen, 2010, p. 256). For example, the stigma of a mental illness diagnosis may impede earning a living and also the conversion of income and other resources into capability, into ‘good living’ (Sen, 2010, p. 258). Within CA, then, evaluation of a public good, such as education, needs to assess the ways in which social inequalities rooted in the cultural or structural context affect people’s abilities to use commodities to enhance their ‘capability set’, or combinations of potential functionings (Walker, 2005), and to achieve functionings. The elements of CA are illustrated in Figure 1.

Applying the CA to ACL and mental health

The CA provides a framework that can help to map the factors and processes through which ACL impacts on mental health. From a capabilities perspective, ‘mental health’ may be operationalized in terms of ‘what you are able to be, do and achieve and how you feel’. This understanding highlights the inter-related social and emotional elements of ‘mental’ health in alignment with calls from the mental health service user and survivor movement and other commentators (for example, Williams, 2001). It also accords with the notion of ‘mental well-being’ which includes ‘subjective wellbeing (how we feel about ourselves and our lives), social wellbeing (relationships and connections) and sense of meaning or purpose’ (Friedli, 2011a, p. 13).

Substantive freedoms, or capabilities, and functionings developed through ACL relevant to mental health include, therefore, social and cultural factors such as social connectivity and friendship; having a sense of purpose and achievement; being knowledgeable (including about ‘mental health’ itself); and having confidence, self worth, sense of control and optimism, and, in wider terms, a personally and socially valued identity (Field,

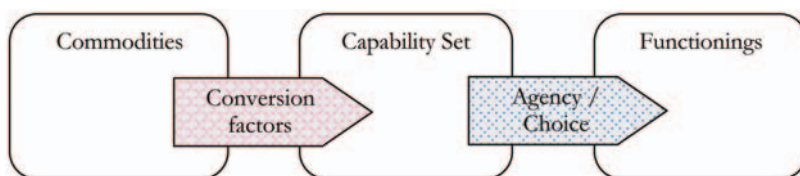


Figure 1. The five elements of the CA. Reproduced from Goerne, A. (2010), *The capability approach in social policy analysis. Yet another concept? Working Papers on the Reconciliation of Work and Welfare in Europe*, RECWOWE PUDISC, University of Edinburgh, p. 7, with permission from the author.

2009a; Lewis, 2012). The ways in which ACL may indirectly impact on mental health through developing capabilities such as enjoying relationships and family life, taking part in other collective or community activities, or taking up further education, training or employment also require consideration (see Schuller *et al.*, 2004; Field, 2009a). Employing CA entails mapping the interconnections between these different dimensions of people's lives, and between the constituent elements of social life, in order to build a theory, or explanation, of how these are implicated in the production of 'mental health' – i.e. a 'social model' of mental health.

The CA can be used to assess the personal and social returns of ACL for mental health according to how the provision may or may not widen possibilities for achievement and flourishing in work and life (see Schuller *et al.*, 2004), situating economic efficiency and social justice as compatible rather than conflicting aims (Salais, 2004). It requires exploration of intrinsic, process and outcome elements across social, economic, cultural and political dimensions, and consideration of how ACL may not only provide 'the *means* of living' but also 'the *actual opportunities* of living' (Sen, 2010, p. 233). This includes ACL's symbolic function as a social good for promoting 'human development freedom' (Walker, 2006, p. 168) as well as its potential empowerment and distributive functions (see Dreze and Sen, 1999; Walker, 2010) and its impact on tackling a range of capability inequalities (see Equalities Review, 2007, Annex A). In the context of targeted mental health provision, such opportunities include reshaping identities, which may have been affected by misrecognition, stigmatization or exclusion, as well as creating opportunities to re-engage with society (Brown and Kandirikirira, 2007). The ways in which identified factors and their impact on mental health may vary across social groups also require assessment (see Field, 2009a).

This approach provides a corrective to limited, individualized perceptions of the value of ACL merely as a means of achieving educational or occupational progression, or economic benefits of productivity and reduced public dependency. It enables an evaluation framework encompassing these considerations but also highlighting the ways in which the provision directly produces capabilities and functionings that are of value in their own right and which promote 'mental well-being'. Further, countering an overemphasis in recent UK social policy on 'fixing individuals' (Friedli, 2011b), it provides a way of showing how ACL provision generates capabilities and functionings through collective as well as individual means, and of a socio-political and cultural, as well as economic, nature, and thereby how it facilitates people's wider contributions to their communities and to society. However, any indirect economic benefits from these wider contributions (e.g. a likely reduction in economic losses from illness and in welfare and treatment costs) would also be identified.

A social model of mental health

Within the CA, the aim of policy and social provisioning is to expand substantive freedoms (opportunities and choices which are of value in their own right) and it is this that potentially links ACL to a social model of mental health. Resonating with recent expositions of such a model (e.g. [Tew, 2005](#)), the CA takes a humanistic and holistic view of the person ([Carpenter, 2009](#)) while emphasizing the effects of social conditions on people's lives, and within the approach it is power that mediates the relationship between capability and mental health (see [Sen, 2010](#)). The approach therefore provides a way of thinking about social inequalities, including gender, class, sexuality, race, ethnicity, age and dis/ability, that is extremely relevant to mental health – in terms of substantive freedoms that are bound up with issues of power. It is compatible with politicized understandings of mental health and distress, as well as service provision, within feminist and survivor perspectives (e.g. [Williams, 1996](#); [Tew, 2005](#)), and with the ways in which these have been framed in relation to human rights ([Lewis, 2009a, b](#)).

From the perspective of the CA, the social and economic disadvantage associated with mental health problems and the stigma arising from contact with mental health services both contribute to capabilities deprivation, impeding valued choice-making and constricting participation in society ([Hopper, 2007](#)). The approach therefore has parallels with the social model of disability but as well as identifying barriers provides a more positive, assets-based approach to intervention. Conceptually, it counters the screening out of the social structural factors which affect mental health and, by locating it in the social world, helps to avoid 'splitting off' people experiencing mental health difficulties 'from the rest of humanity' ([Pilgrim, 2008](#), p. 302). Consequently, the CA can usefully inform approaches to 'recovery' within mental health services – a new paradigm originating in the British context in the survivor movement, which focuses on regaining a meaningful life beyond a period mental distress/illness. It resonates with the 'four pillars' of recovery – regaining competences, social reconnection, identity work and renewing a sense of possibility, but countering currently dominant individualized and depoliticizing approaches, refocuses attention on agency and the redressing of both material and symbolic disadvantage ([Hopper, 2007](#)).

The notion within the CA of particular relevance to mental health and learning is that of 'agency freedom', which refers to the capability to act purposefully to advance one's chosen goals and values as an element of a person's effective power ([Sen, 2010](#), pp. 271, 289). In this context, 'mental health' can be viewed as an important human functioning and aspect of freedom related to capabilities and achievements which may stem from

other motivations. It can be understood in terms of self-efficacy and sense of control over one's life, phenomena which arise largely from social conditions and people's positions of advantage or disadvantage within these (see [Tew, 2011](#)). Alongside that of 'confidence', these themes recur in adult education evaluative research (e.g. [Field, 2009a](#)) and can usefully be encapsulated as agency freedom ([Walker, 2010](#)).

The CA and the ethos of ACL and CD

The theory does potentially risk an overly individualist rather than collectivist, political ideological perspective on the issue of agency freedom. Sen's humanistic concern with 'the person' and their individual 'goals and values' ([Sen, 2010](#), p. 289) tends to decouple people's subjectivities from their social locations and understates the role of collective political ideologies and action for achieving this freedom. However, capability deprivations and 'adaptive preferences' are clearly located in social, economic and political conditions. So social structural inequalities remain the core concern, while the individual stays distinctly in view and central to the theory's social ethics. 'Agency', then, is clearly understood as a socially constructed phenomenon, subject to social influences, while people are viewed as being simultaneously engaged in constructing societies. In this manner, the theory does integrate individual agency with social and political context, and regards individual agency and social arrangements as interdependent. Consequently, it does also maintain that rights, freedoms and social arrangements which expand these provide conditions and opportunities within which people can and should act collectively to influence public policy and to improve their lives as well as the social arrangements which enable such actions – what is sometimes called 'responsible agency' (see [Edwards, 2007](#), p. 258).

In theorizing the agency–structure relationship in this way, the CA thus lends itself to a linkage of ACL to mental health which can accommodate key inequality and diversity dimensions as well as the humanistic concern with the individual learner which is central to the adult learning field. It does perhaps over emphasize the role of individual agency in social life, and requires further engagement with social structural concerns about distribution and empowerment for groups as well as individuals within stratified societies. However, in avoiding an overly deterministic stance, the theory is compatible with the centrality of notions of freedom and choice for people's understandings of the meaning of ACL for their lives and their mental health (see [NIACE, 2011](#)). Indeed, an expansion of agency is a prominent feature of adult education and learning ([Schuller et al., 2004](#); [Field, 2009a](#)), and has been shown to be particularly significant for mental health for women and in the face of socio-economic disadvantage ([Ross and Mirowsky, 2006](#); see also [NIACE, 2011](#)).

The CA's concern with human agency in terms of participatory capabilities means, then, that it does accord with social movement influences within ACL, mental health services and CD. These have emphasized the need for collective empowerment through politicization and learning to achieve social change (see [Thompson, 1997](#)). Social movement perspectives have a dialectical relationship with adult education ([Coare and Johnston, 2003](#)) and resonate with CD through pointing to 'the role of adult education in [the] reinvention of politics, especially at local level' ([Coare and Johnston, 2003](#), p. 16). In the face of the need to off-set overly individualized perspectives in recent UK policy on health and well-being with a return to CD approaches and a reframing of debate in terms of human rights and social justice ([Friedli, 2011b](#)), the CA makes social concerns central ([Tew, 2011](#)) and demonstrates the necessity of ACL to meeting this agenda ([Coare and Johnston, 2003](#); see [NIACE 2010](#)).

The theory allows for recognition of the '*intrinsic* as well as *derivative* importance' ([Sen, 1999](#), p. 292) of choice and opportunities in that choosing itself is recognized as a valuable functioning, whether or not opportunities are taken up, while priority is placed on people's own values, rather than impositions. However, it also points to the constriction of people's subjective preferences according to perceived opportunities ([Walker, 2010](#)) and to the 'gendered nature of preference formation and the constraints on choice' ([Robeyns, 2003](#), p. 87). This leads to some problems, as I discuss below. Yet through allowing for a range of valued options, the theory does evade the problem sometimes levelled at social policy of the imposition of middle class values while being sensitive to 'adaptive preferences' and structural constraints. Consequently, it respects moral agency and cultural context ([Hopper, 2007](#)) while allowing room for both individual choice and collective action.

The strong emphasis of CA on people being able to use resources to improve their lives (i.e. 'conversion factors' and 'conversion rates') also makes it very relevant to an analysis of learning and mental health. For example, the application of the theory would show the cultural and structural constraints (e.g. negative stereotypes, socially generated 'confidence' issues and caring responsibilities) for some women in converting cultural and social resources from learning into valued employment capabilities and thus into good 'mental health' ([Warr, 1994](#)). Or it might demonstrate higher conversion rates for education in these areas for women in having a greater impact on their work creativity compared with men ([Ross and Mirowsky, 2006](#)), or how the 'agency enhancing' effects of ACL are particularly significant and remedial in terms of mental health for certain disempowered groups ([Field, 2009a](#)).

'Happiness' versus capabilities and functionings

In focusing on people's actual lives and the choices available to them, as well as the barriers to achieving valued functionings, CA offers a potentially more robust and meaningful conceptual and evaluative approach to mental health compared with the utilitarian concern with 'mental metrics' or assessment (such as how 'happy' people feel). Since the notion of capability focuses on what people can do, be and achieve, the choices available to them rather than solely their subjective states, it 'is a kind of power in a way that happiness clearly is not' (Sen, 2010, p. 270). The CA thus resonates with survivor and feminist accounts of socially and economically determined power, powerlessness and control over one's life as being key to understanding experiences of mental health and distress (see Thompson, 1997; Tew, 2005). Operationalizing capabilities rather than happiness also directly confronts the issue of how people adapt their attitudes according to social conditions, including gender oppression (see Sen, 2010, chapter 13). The notion of 'agency freedom' specifically as a socially dependent and socially generated phenomenon accommodates adaptive attitudes as a potential constraint to converting resources into capabilities. However, a conundrum still remains in Sen's theorizing since he simultaneously places people's own 'reasoned' choices and values at the centre of CA, thereby appearing to negate the way in which these choices are socially influenced and constrained.

Pragmatically, with considerations of social inequalities and social justice in mind, this conundrum of social influence versus 'free' choice could justify a focus on functionings rather than on capabilities, on people's actual 'doings and beings', rather than on what people are substantively free to do or be (Sen, 2010; see also Philips, 1991). This would side-step the problem of attempting to discern the degree of freedom in people's choice-making. It would make for a more radical approach engaging with the quality of people's actual lives, and for group inequalities, including gender, functioning could be taken as a reflection of capabilities (Robeyns, 2003). This may be particularly relevant in education where functionings (such as being a critical thinker) can be proxies for valued capabilities and so may be referred to as 'functional capabilities' (Walker, 2008, p. 482). Yet, as already noted, 'attaching importance to opportunities and choices' (Sen, 2010, p. 236), to capabilities as well as functionings, does resonate well with ACL aims of advancing social justice through broadening the horizons of people's lives as well as enabling social, economic and political participation for less advantaged groups. The notion of agency freedom in particular fits well with the transformative and empowerment elements of ACL in which agency could be viewed as 'both [a] desired functioning and [a] valuable capabilit[y]' (Walker 2005, p. 108) for individual

freedom as well as collective action and democratic participation. Agency freedom is congruent too with a radical approach to mental health which is concerned with issues of power and inequality while also being person centred, and helps to overcome problems of paternalism and oppression, allowing space for people's own values and priorities rather than seeking to impose definitions of well-being. Placing the notion of agency freedom at the centre also counters medicalized, and therefore depoliticizing, understandings of mental health and well-being and the medicalization of learning itself. This is a growing concern for ACL as provision becomes increasingly focused on health and well-being issues and evaluation of this provision risks becoming shaped according to narrow health and health service-related outcomes.

Case example: 'situated resilience' through mental health ACL

'Situating resilience' refers to adaptation to adversity existing in and through social relationships and engagements. A recent study of mental health ACL (Lewis, 2012) in the areas of numeracy and literacy, 'self help' and personal development (encompassing courses such as 'assertiveness' and 'confidence building') identified a range of ways in which ACL provision impacts upon the mental health of those who take part. The study involved focus groups with adult learners and tele-discussions with practitioners, guided by the following questions:

- How does ACL and ACL policy seek to enhance human capabilities and how is this relevant to 'mental health'?
- Which instrumental and substantive freedoms, or capabilities, and functionings does ACL impact upon and how?
- In what ways does ACL affect 'agency freedom' in particular?
- What barriers to capability enhancement does ACL help overcome or create?
- How are the capabilities and functionings associated with ACL inter-linked and through what processes do these impact 'mental health'?
- Do these processes vary for different social groups and if so, how?
- What contribution does ACL make towards tackling mental health inequalities?
- What are the implications for social policy, practice and provisioning?

Drawing on Sen, a picture of ACL and mental health guided by these questions was generated through a participative process of reasoned discussion in which learners' own views were centred while ideas and insights from CA and existing substantive and feminist literature were also drawn upon (Walker, 2010). This helped broaden the discussion beyond people's

'adaptive attitudes' (see [Lewis, 2007](#)). Learners were asked to identify and explain particularly important aspects of their experiences and their valued outcomes, with necessary attention to inequalities of 'voice' within the process ([Walker, 2008, 2010](#)). The aim was to use the CA: to envision the normative purposes of ACL; to assess whether and how learning enhances or diminishes a range of capabilities and functionings and how these contribute to 'mental health'; and to identify desirable capabilities to be expanded in and through the provision ([Robeyns, 2006; Walker, 2008](#)).

The study, which additionally drew on theories of recognition and forms of capital, found that the ACL provision was helping to advance adults' agency freedom and thereby to promote participants' mental health in relation to five interrelated themes: taking part in social life; speaking out; standing up to violence and abuse; collective action and participation in political life; and generating educational and vocational capabilities. These were all 'functional capabilities' ([Walker, 2008](#)) developed in and through the ACL while many respondents also described how these had translated into functionings in other life domains, e.g. leaving abusive relationships or pursuing other vocational and occupational opportunities. The learning and its social element therefore provided direct benefits while participation in ACL also facilitated other opportunities and choices, i.e. enabled wider capability development.

The operation of the ACL provision in breaking isolation and enabling social participation was reported as being a functioning of significant value for mental health in itself, particularly for older participants, and was also helping adults to overcome an initial barrier to wider capability enhancement. Agency freedom in terms of speaking out on and standing up to violence and abuse was of particular importance for the mental health of women participants, many of whom had experiences in this area. The provision was therefore found to be helpful in addressing mental health inequalities of age and gender. The fact that a large number of participants in the groups who reported benefits had been initially educationally disadvantaged also suggested that the provision was helping to address mental health inequalities of social class.

Ways in which ACL may not only expand but also diminish or inhibit freedom ([Unterhalter, 2003](#)) were identified in terms of the targeted provision working to perpetuate stigmatized 'mental illness' identities (albeit while also enabling participants to challenge these), and in terms of the nature of targeted mental health ACL provision and the social capital it generates risking inhibiting progression to other mainstream educational opportunities, particularly for women.

Conclusion

The CA provides a theoretical lens through which the relevance of ACL to mental health can be conceptualized and evaluated broadly in terms of the effects of provision on people's opportunities and choices, and provides a framework for addressing a research gap concerning *how* ACL influences mental health and mental health inequalities. It provides a useful evaluative framework for currently popular 'assets based' approaches to community mental health and well-being, one which keeps a focus on reducing inequalities (see [Friedli, 2009, 2011a](#)) and which can connect work in the areas of mental health, ACL and CD. Through a focus on opportunities and choices shaped by the environment, the CA can help reframe the mental well-being debate in terms of social influences and CD and can aid our understanding of mental health and the interlinked processes through which it can be promoted. ACL has a central role in this agenda since it can help generate the freedoms and resources that are essential to mental health and well-being and is fertile ground for demonstration of the merits of social, community-based approaches to promoting mental health and supporting people to overcome mental health difficulties (see [Lewis, 2012](#)). The CA locates the relevance of ACL to mental health within a social justice framework, making it particularly applicable to the evaluation of the mental health impact of ACL for disempowered groups (see [Cooke et al., 2011](#)). It offers a normative framework for the evaluation and improvement of learning provision and for demonstrating how ACL may provide a way of actually helping to address fundamental questions of power and inequality in society ([Alexander, 2010](#)).

Funding

This research was funded by a University of Leicester College of Social Science Knowledge Exchange Post-Doctoral Fellowship.

Lydia Lewis is with the School of Education, University of Birmingham, Edgbaston, Birmingham, UK.

References

-
- Aldridge, F. and Lavender, P. (2000) *The Impact of Learning on Health*, NIACE, Leicester.
- Alexander, T. (2010) Learning to be powerful, *Adults Learning*, **22** (2), 16–19.
- Ball, S. (2008) *The Education Debate*, The Policy Press, Bristol.
- BIS [Department for Business, Innovation and Skills] (2010) *Skills for Sustainable Growth*, BIS, Department for Business, Innovation and Skills, London.

- BIS (2011) *New Challenges, New Chances. Further Education and Skills System Reform Plan: Building a World Class Skills System*, Department for Business, Innovation and Skills, London.
- Brine, J. (2006) Lifelong learning and the knowledge economy, *British Educational Research Journal*, **32** (5), 649–665.
- Brown, W. and Kandirikirira, N. (2007) *Recovering Mental Health in Scotland*, Scottish Recovery Network, Glasgow.
- Bubb, S. (2010) The Big Society must be a learning society, *Adults Learning*, **22** (1), 28–29.
- Callaghan, G., Newton, D., Wallis, E., Winterton, J. and Winterton, R. (2001) *Adult and Community Learning: What? Why? Who? Where? A literature review on Adult and Community Learning*, Report for the Department for Education and Skills, Eldwick Research Associates Research Report RR262, July.
- Carpenter, M. (2009) The capabilities approach and critical social policy: lessons from the majority world?, *Critical Social Policy*, **29** (3), 351–373.
- Coare, P. and Johnston, R. (2003) *Adult Learning, Citizenship and Community Voices*, NIACE, Leicester.
- Cooke, A., Friedli, L. and Coggins, T. et al. (2011) *Mental Wellbeing Impact Assessment Toolkit*, 3rd edn. National MWIA Collaborative, London, accessed at: <http://www.apho.org.uk/resource/item.aspx?RID=95836>.
- DH [Department of Health] (2010) *Healthy Lives, Healthy People: Our Strategy for Public Health in England*, TSO, Norwich.
- Dreze, J. and Sen, A. (1999) *The Amartya Sen and Jean Dreze Omnibus*, Oxford University Press, Oxford.
- Dutton, Y. (2007) *Creating Inclusive Learning Opportunities for People from Black and Minority Ethnic Communities who Experience Mental Health Difficulties*, NIACE, Leicester.
- Edwards, A. (2007) Working collaboratively to build resilience: A CHAT approach, *Social Policy and Society*, **6** (2), 255–264.
- Equalities Review (2007) *Fairness and Freedom, The Final Report of the Equalities Review*, The Equalities Review, London.
- Field, J. (2009a) Good for your soul? Adult learning and mental well-being, *International Journal of Lifelong Education*, **28** (2), 175–191.
- Field, J. (2009b) *Well-being and Happiness*, IFLL Thematic Paper 4, NIACE, Leicester.
- Friedli, L. (2009) *Mental Health, Resilience and Inequalities*, WHO Regional Office for Europe, Copenhagen.
- Friedli, L. (2011a) What we know about: mental health and wellbeing, in J. Foot, ed., *What Makes Us Healthy? The Asset Approach in Practice*, Local Government Group, London, pp. 12–15.
- Friedli, L. (2011b) Serious about wellbeing ... What is it and why bother? Webinar series 13–15th Sept. – *Supporting the wellbeing role of Health and Wellbeing Boards*. Communities of Practice for Public Service Happiness, Wellbeing and Emotional Resilience community, accessed at: <http://www.communities.idea.gov.uk/c/1575377/forum/thread.do?id=11917999&themeId=1840257> (29 August 2912).

- Goerne, A. (2010) *The Capability Approach in Social Policy Analysis. Yet Another Concept?* Working Papers on the Reconciliation of Work and Welfare in Europe, PUDIAC of RECOWE, Edinburgh, accessed at: http://www.socialpolicy.ed.ac.uk/recwowe/pudiac/working_papers/ (29 August 2012).
- GOS [Government Office for Science] (2008) *Mental Capital and Wellbeing*. Final Project Report, Government Office for Science, London, accessed at: <http://www.bis.gov.uk/foresight/our-work/projects/published-projects/mental-capital-and-wellbeing/reports-and-publications>.
- HMG/DH (2011) *No Health Without Mental Health*, Department of Health, London.
- Hopper, K. (2007) Rethinking social recovery in schizophrenia: what a capabilities approach might offer, *Social Science and Medicine*, **65**, 868–879.
- Lewis, L. (2007) Epistemic authority and the gender lens, *Sociological Review*, **55** (2), 273–292.
- Lewis, L. (2009a) Politics of recognition: what can a human rights perspective contribute to understanding users' experiences of involvement in mental health services? *Social Policy and Society*, **8** (2), 257–274.
- Lewis, L. (2009b) Mental health and human rights: a common agenda for service user/survivor and women's groups?, *Policy and Politics*, **37** (1), 75–92.
- Lewis, L. (2012) 'You Become a Person again': *Situated Resilience Through Mental Health Adult Community Learning*, Research Report, March. For the Workers' Educational Association, accessed at: <http://www.wea.org.uk/resources/research> (29 August 2012).
- Matrix Knowledge Group (2009) *Lifelong Learning and Well-being*, IFL Public Value Paper 3, NIACE, Leicester.
- NIACE (2010) *Response to the LSIS Consultation on Effective Community Development: a Strategic Framework*, NIACE, Leicester. www.niace.org.uk/sites/default/files/LSIS-community-development.pdf (29 August 2012).
- NIACE (2011) *Every Women's Right to Learn: Setting the Agenda for Women and Learning* [conference], 7 March, London. www.niace.org.uk/womeninlearning (29 August 2012).
- Nicholls, J., Lawlor, E., Neitzert, E. et al. (2009) *A Guide to Social Return on Investment*, Cabinet Office/OTS, London. www.neweconomics.org/publications/guide-social-return-investment (29 August 2012).
- ONS [Office for National Statistics] (2011) *Measuring National Well-Being*, accessed at: <http://www.ons.gov.uk/well-being> (29 August 2012).
- Philips, A. (1991) *Engendering Democracy*, Polity Press, London.
- Pilgrim, D. (2008) 'Recovery' and current mental health policy, *Chronic Illness*, **4**, 295–304.
- Robeyns, I. (2003) Sen's capability approach and gender inequality, *Feminist Economics*, **9** (2–3), 61–92.
- Robeyns, I. (2006) Three models of education: rights, capabilities and human capital, *Theory and Research in Education*, **4** (1), 69–84.
- Ross, C. and Mirowsky, J. (2006) Sex differences in the effect of education on depression, *Social Science and Medicine*, **63** (5), 1400–1413.
- Salais, R. (2004) Incorporating the capability approach into social and employment policies, in R. Salais and R. Villeneuve, eds, *Europe and the Politics of Capabilities*, Cambridge University Press, Cambridge, MA, pp. 283–300.

- Schuller, T., Preston, J. and Hammond, C. et al. (2004) *The Benefits of Learning*, Routledge Falmer, London.
- Sen, A. (1999) *Development as Freedom*, Oxford University Press, Oxford.
- Sen, A. (2010) *The Idea of Justice*, Penguin Books, London.
- Tew, J. (ed.) (2005) *Social Perspectives in Mental Health*, Jessica Kingsley Publishers, Philadelphia.
- Tew, J. (2011) *Social Approaches to Mental Distress*, Palgrave Macmillan, Basingstoke.
- Thompson, J. (1997) *Words in Edgeways. Radical Learning for Social Change*, NIACE, Leicester.
- Unterhalter, E. (2003) The capabilities approach and gendered education, *Theory and Research in Education*, **1** (1), 7–22.
- Vaughan, R., Unterhalter, E. and Walker, M. (2007) The capability approach and education, *Prospero*, **13** (3), 13–21.
- Walker, M. (2005) Amartyr Sen's capability approach and education, *Educational Action Research*, **13** (1), 103–110.
- Walker, M. (2006) Towards a capability-based theory of social justice for education policy-making, *Journal of Education Policy*, **21** (2), 163–185.
- Walker, M. (2008) A human capabilities framework for evaluating student learning, *Teaching in Higher Education*, **13** (4), 477–487.
- Walker, M. (2010) The capability approach as a framework for reimagining education and justice, in H. Otto and H. Ziegler, eds, *Capabilities – Handlungsbefähigung und Verwirklichung*, Verlag Fur Sozialwissenschaften, Wiesbaden, pp. 116–130.
- Warr, P. (1994) A conceptual framework for the study of work and mental health, *Work and Stress*, **8** (2), 84–97.
- Williams, J. (1996) Social inequalities and mental health: developing services and developing knowledge, *Journal of Community and Applied Social Psychology*, **6**, 311–316.
- Williams, S. (2001) Reason, emotion and embodiment: is 'mental' health a contradiction in terms?, in J. Busfield, ed., *Rethinking the Sociology of Mental Health*, Blackwell Publishers, Oxford.
-