

Recovery colleges: A Big Step to Recovery and Inclusion



Julie Repper
Director ImROC
(Implementing Recovery and Organisational Change)

15. Recovery Colleges 10 Years On

Rachel Perkins, Sara Meddings, Sue Williams
and Julie Repper

with contributions from Jane Rennison, Joanne Sommer,
Sharon Gilfoyle and Toni King

Rarely has an idea in the mental health arena been taken up so widely or so quickly as that of a Recovery College. The idea of a Recovery College was first mooted, and initial specifications drafted, in 2007/2008. The first UK pilot Recovery College was established in the London Boroughs of Merton and Sutton in 2009 (Rinaldi and Wyoom, 2011) leading to the establishment of the South West London Recovery College serving 5 London Boroughs in 2010. By 2017 over 75 Recovery Colleges have been established in the UK and in other parts of the world including Australia, Canada, Hong Kong, Japan, the Republic of Ireland, Scandinavia and Western Europe. An International Community of Practice has been established and in 2017, the European Union Regional Development Fund invested 7.6 million Euro to build on existing initiatives and create a 'Cross-Border Recovery College Network' serving 8000 people facing mental health challenges in Northern Ireland and the border counties of the Republic of Ireland. Across Europe, Erasmus is funding the development of Empowerment Colleges, based on the Recovery College model, in Germany, Holland, Italy, Poland and Bulgaria. Recovery Colleges form a core part of the development of more recovery-focused mental health services that enable people to grow within and beyond what has happened to them; discover a new sense of self, meaning and purpose in life; explore their possibilities and rebuild a satisfying and contributing life (Deegan, 1988; Anthony, 1993; Repper and Perkins, 2003, 2012; Perkins et al., 2010).





Today ...

- What is a Recovery College?
- Why Recovery Colleges?
- How to recognise a Recovery College
- How a Recovery College 'works'
- The difference that Recovery Colleges make
- How Recovery Colleges have spread





Why Recovery Colleges?

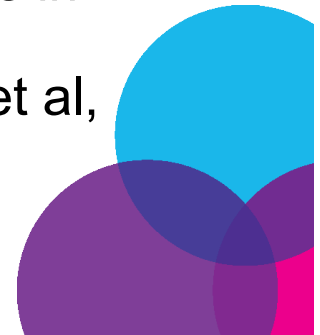
- To change the culture of services – *“from passive patient to active learner”*
- To build on strengths rather than focus on problems
- To inform, empower and activate people who live with mental health problems
- To value lived experience as a source of expertise that can be shared
- To build community partnerships in a system of learning opportunities
- *“People will discover who they are, learn skills and tools to promote recovery, what they can be, and the unique contribution they have to offer” (Ashcroft, 2000)*





Evidence that education works

- Significant reduction in inpatient days for people receiving ACT and education compared with ACT only (n=448) Salyers et al (2011)
- Education in recovery and self management improves self management and coping skills (Mueser et al 2006; Husser-Ohayon et al, 2007)
- RCT of education in recovery and self management for people in supported housing showed improved self management, symptoms, QOL (n=208) (Levitt et al, 2009)
- Review of user led self-management education for people with chronic conditions (17 RCTs) showed significant reductions in pain, fatigue, disability, depression, general health, health behaviours (eg exercise), symptom management (Foster et al, 2009).





But Recovery Colleges are different:

- They focus on students' life goals eg:
 - Understanding condition and managing symptoms
 - Getting a job
 - Sorting out my home
 - Managing my money
 - Having more friends....
- They are for 'patients' family members, staff and public





And Recovery Colleges are not just about education: They drive Recovery focused service transformation

1. A different role for mental health professionals and professional expertise – from one set of experts to two sets of experts
2. Redefining ‘user involvement’ as co-production in service design, delivery and development
3. A different kind of workforce - valuing lived and life experience, supporting staff to make the most of all of their talents
4. A different relationship between services and the communities they serve – by working in partnership with community resources, Colleges help communities to discover, develop and use their own resourcefulness





Therapy vs Education

Therapeutic model:

- Focuses on problems, deficits, symptoms
- Strays beyond the therapy sessions and becomes over-arching paradigm
- Transforms all activities into therapies
- Nature of therapy is chosen and offered by the (expert) therapist
- Involves an expert (therapist) & non-expert (patient)
- Maintains power imbalance and reinforces the notion that expertise lies with professionals

Educational approach:

- Helps people recognise and make use of their talents and resources
- Helps people explore their possibilities and develop their skills
- Helps people achieve their goals and ambitions
- Staff become coaches who help people find their own solutions
- Training and courses replace therapies
- Students choose their own courses, become experts in their own self care



Changes in Language

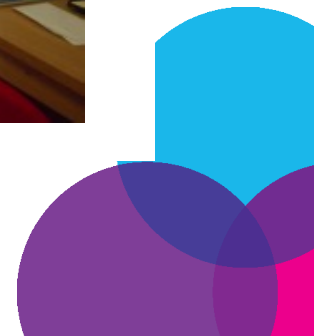
From.....	To.....
Patient	Student
Therapist	Coach/tutor
Referral	Registration/enrolment
“this is the treatment you need”	“which of these courses would help you”
Assessment & care planning	Enrolment and individual learning plan
Risk assessment	Personal learning support
Discharge	Graduation and certificate of achievement
Social skills group	Student union
“I am just a mental patient...”	“I am just the same as everyone else”



What is a Recovery College?



- A building with 4 classrooms, a library, an internet cafe, a quiet room, meeting rooms, sitting areas.
- A bright welcoming environment, exhibitions of artwork, music, information about local opportunities, up to date notice boards.
- 'People before Paperwork!'
- Prospectus with wide range of Recovery focused courses – from one hour to 12 weeks long.




Prospectus includes different areas: e.g.

<p>Staying well eg</p>	<ul style="list-style-type: none"> • Understanding/living with different Mental health conditions, • Understanding Psychosis • Living with Bi polar • Coming off medication safely • Making the most of your outpatient appointment • Physical health – eating well, getting fit
<p>Rebuilding your life eg</p>	<ul style="list-style-type: none"> • Telling your story • Anxiety Management • Life coaching for Recovery • Lets talk about Recovery • Spirituality and recovery <p>Personal safety Fire safety Assertiveness Supporting Personal Recovery & Wellbeing</p>
<p>Developing Skills eg</p>	<ul style="list-style-type: none"> • Word power (literacy) • Money matters (budgeting) • Work Support • Work Resilience
<p>Family, Friends and Carers eg</p>	<ul style="list-style-type: none"> • Living with someone who has substance misuse problem • Psychosis a family perspective
<p>Getting Involved eg</p>	<ul style="list-style-type: none"> • Peer trainer training • Peer support worker training • Peer researcher training • Mentoring Skills



What are the common features? Or how to recognise a Recovery College...

- **Educational** – all features of education not therapy
 - **Collaborative** – every aspect is coproduced
 - **Strengths based** – build on students' interests and abilities
 - **Person Centred** – all tailored to individuals' goals
 - **Progressive** – students work towards goals and move on...
 - **Community Facing** – work with community organisations and enable students to move into mainstream activities
 - **Inclusive** – no-one is turned away, individual learning needs are assessed and met
 - **Safe** – attention paid to the emotional and practical safety of everyone
- 



- College Manager
- Peer learning support advisors
- Administrator
- Peers trained as trainers, teach on courses which are relevant to them, most of these work as volunteers in return for their accredited training
- All professional trainers selected because of their expertise in the subject
- Trainers come from local FE colleges, police, job centres, local football club, dance college, psychiatrists, the staff teaching department, university etc.
- Multiple partner organisations – health, social care, leisure, emergency services, businesses, voluntary sector.



Process to becoming a student

- Students enrol and complete their individual learning plan (ILP) with a peer learning advisor. ILP includes
 - Previous learning experience
 - Personal goals (re-rated in terms 2 and 3)
 - Personal study needs
 - Core outcomes (employment, volunteering, education.
 - Recovery outcomes (hope, control, opportunity, social networks (all re-rated at terms 2 and 3)
- Select appropriate courses and book place
- Receive letter of confirmation of courses
- Confirmation of attendance phone call just prior to course
- Attend Course



Peer Trainer Pathway

- Expression of interest
- Selection process
- From shadowing → co production → co delivery
- Opportunities to gain adult teaching qualifications
- Support :
 - 1:1 supervision and support to pursue personal development plans
 - Group Professional Development twice a term
 - Whole team away day annually for all trainers
- Opportunity to undertake Level 4 peer trainer module at University as part of 'Certificate in Advanced Peer Practice





ImROC

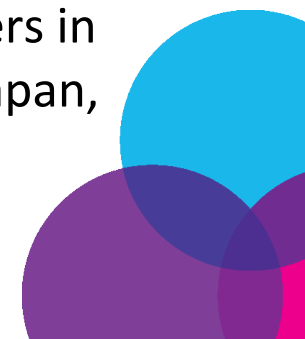
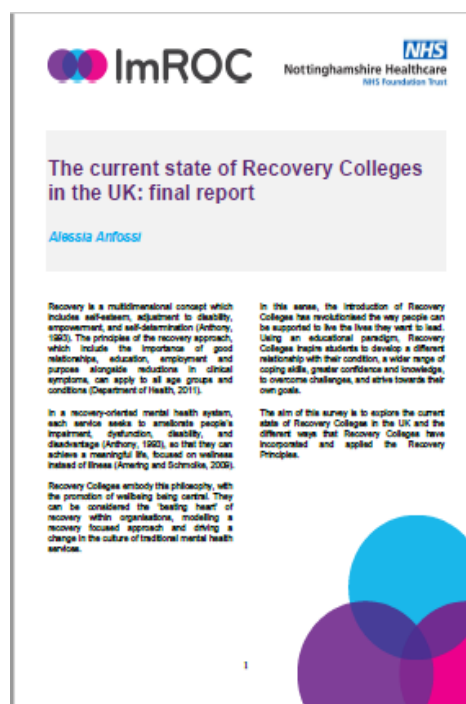
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The Growth of Recovery Colleges

- The first Recovery College (South West London St Georges) opened in 2010, followed by Nottingham 2011.
- 85 now running in England, 2 in Scotland and 7 in Ireland and 5 in Northern Ireland.
- Most run approximately 100 courses per term (3 terms per year), 10-15 students per course (= 1000 student contacts per term, 3000 per year).
- The majority are funded by local NHS Mental Health Services, some have local government or education funding, some are run by charities.
- Increasingly Colleges are run on a 'hub and spoke' model, with a central administrative centre in a health service and spokes in community settings, primary care, universities ...
- International Community of Practice has members in Australia, New Zealand, Denmark, Hong Kong, Japan, Uganda, France, Kerala





How have Recovery colleges spread?

- One of the ImROC 'Ten Key Organisational Challenges'
- ImROC National Learning Sets
- ImROC consultancy
- ImROC Demonstration days
- Relatively easy to implement
- Evidence that they make a difference
- International Community of Practice
- ImROC Recovery College Festival September 2018





What differences do Recovery Colleges make?

- Most evidence is provided by routine monitoring using Individual Learning Plans (ILPs) providing data on:
 - attendance
 - course evaluation
 - personal goal achievement
 - simple questions assessing hope, control, opportunity,
 - Changes in social networks, employment, housing
 - Progression – where do students go next?
- Programme grant submitted to compare college with treatment as usual or other interventions (Slade et al, 2018).





Cost Effectiveness

- Reductions in services used following attendance at Recovery Colleges have led to reductions in cost demonstrated by
 - SWYT Recovery Colleges (mean £460 per student p.a.)
 - SW London Recovery College (mean £800 per student p.a.)
 - Mid Essex Recovery College (mean £320 per student p.a.)



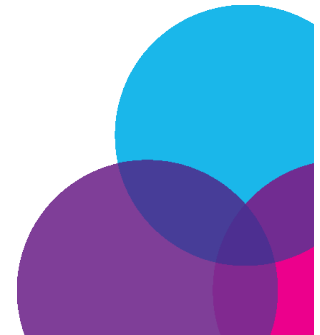
Quality of College Provision

- Highly popular – good uptake (waiting lists in all colleges by end of year 1, MacGregor, 2015)
- Low drop-out of courses - Callaghan, (2012) – less than 15% , Rennison et al (2014) – 22%. Overall attendance 67% (Shepherd et al, 2015)
- High levels of satisfaction (95% students rate courses good or excellent) – Rennison et al (2014), Meddings (2014)



Achievement of Personal Goals & Personal Recovery

- High levels of achievement of personal goals (Callaghan et al, 2012), Rinaldi and Wybourn, 2011), Meddings et al, 2015)
- Significant improvements in personal Recovery on Process of Recovery Questionnaire (Meddings et al, 2015)



Achievement of Socially Valued Goals

- 83% of the 74 students at SWLondon RC had progressed to mainstream volunteering, employment or education. Rinaldi and Wybourn (2011)
- Most students completing the social inclusion web demonstrated increased social contacts and activities (Rennison et al 2015)
- Social networks increased by more than 100% in Nottingham (Callaghan et al, 2012)



Quality of Life and Wellbeing

- Prospective measures of quality of life show significant improvements following attendance at Recovery Colleges (Meddings et al, 2015; North Essex Research Network, 2014)



Evaluation of 'staff students'

- Learn different skills and understanding
- Improved understanding of Recovery
- Inspired to have greater hope and belief in people with mental health problems
- Learn coproduction
- Learn how to look after themselves
- Learn coaching approaches
- Learn about community resources





What students like:

- Learning from other students
- Personal qualities of staff
- Having peer and professional staff
- Learning new knowledge
- Meeting people with similar challenges
- Having choice and control





Student Opinion

- *“I’ve moved further in my recovery in one term here than in the past two years in theteam”*
- *I’ve halved my medication and learnt lots of different ways of managing my anxiety...”*
- *“I can’t believe how quickly I’ve been able to access all of this”*
- *“My brother said how good it was to book on courses and the more he talks about what he’s been through the more insight he gets”*
- *“I can’t believe what you have done for my son, I used to have to push him out the door and he’s cover his face, now he goes out with his held high...”*
- *“I can study but in a safe place so I don’t have to worry if it goes pear shaped if I get unwell. I can be safe learning”*





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Any Questions?

For more information contact:

julie.repper@nottshc.nhs.uk

