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ImROC Recovery College Conference & Festival

26 September 2018
Highpoint Venue, Southampton

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Welcome

Solent Recovery College

Sarah Austin,
Chief Operating Officer,
Solent NHS Trust

Kevin Gardner,
Chief Executive,
Solent Mind

Solent NHS Trust

Portsmouth City Council

mind for better mental health Solent

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"SRC has given me more hope for the future. Has made me realise that I'm not unusual and given me permission to allow myself time".

"I no longer self harm since attending SRC. I took on voluntary work after the 'Preparing For Work Course' and am now employed."

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Recovery College Developments Internationally

Sara Meddings and Toni King
Sussex Partnership NHS Trust
Solent NHS Trust

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Overview

In this talk we plan to:

- Share the enthusiasm and generosity of people around the world with whom we have been in contact over the last month
- Show the growth of Recovery Colleges around the world
- Map countries with Recovery Colleges and their diverse contexts
- Explore the commonality and variety in Recovery Colleges
- Start thinking about what we can learn from different colleges, contexts and countries

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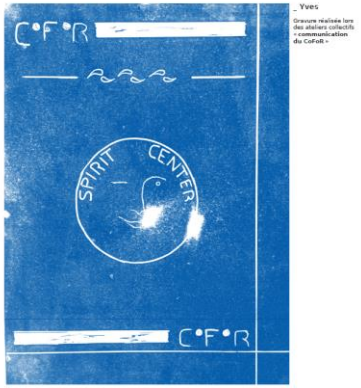
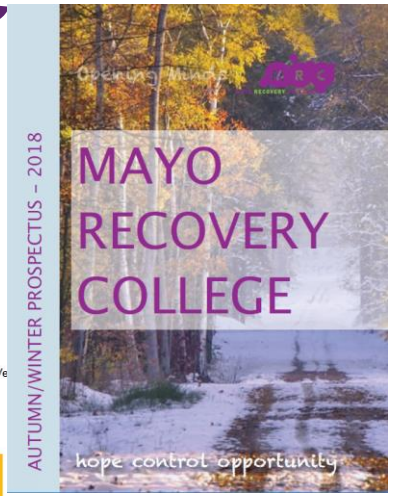
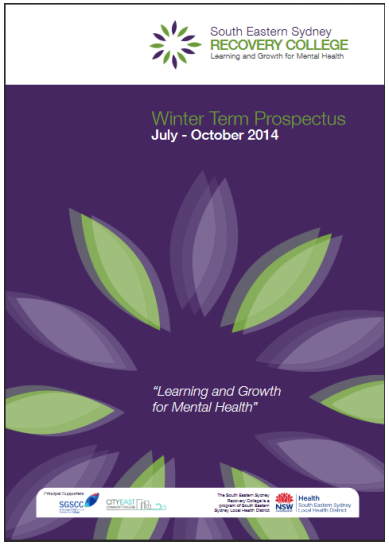
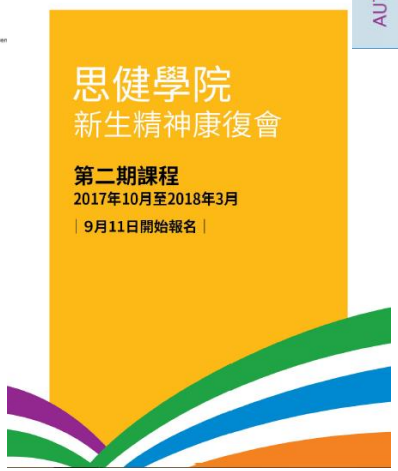
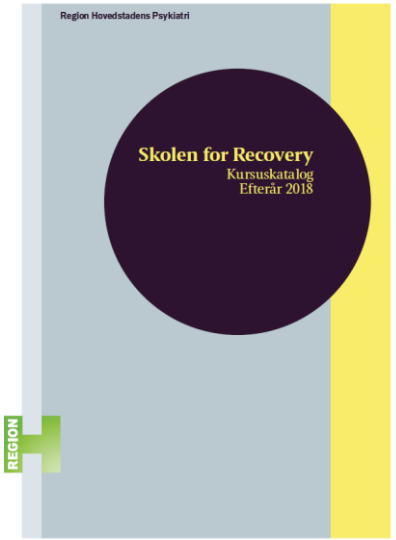
89% Response Rate











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Recovery Colleges Grow Internationally

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Recovery Colleges Grow Internationally

Mindset College 思健學院

New Life Psychiatric Rehabilitation Association 新生精神康復會

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Recovery Colleges Grow Internationally

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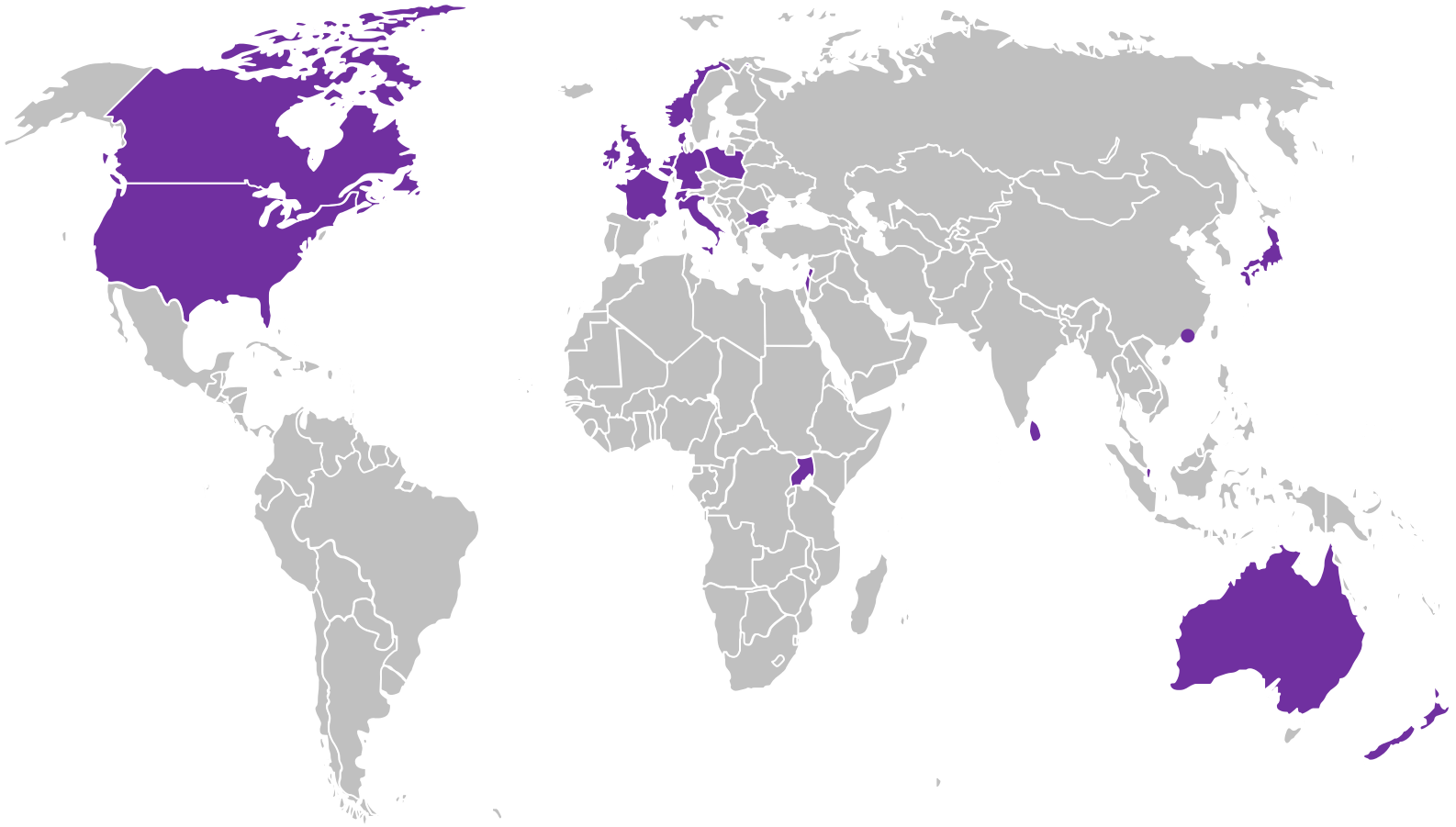

Recovery Colleges in 22 countries around the world

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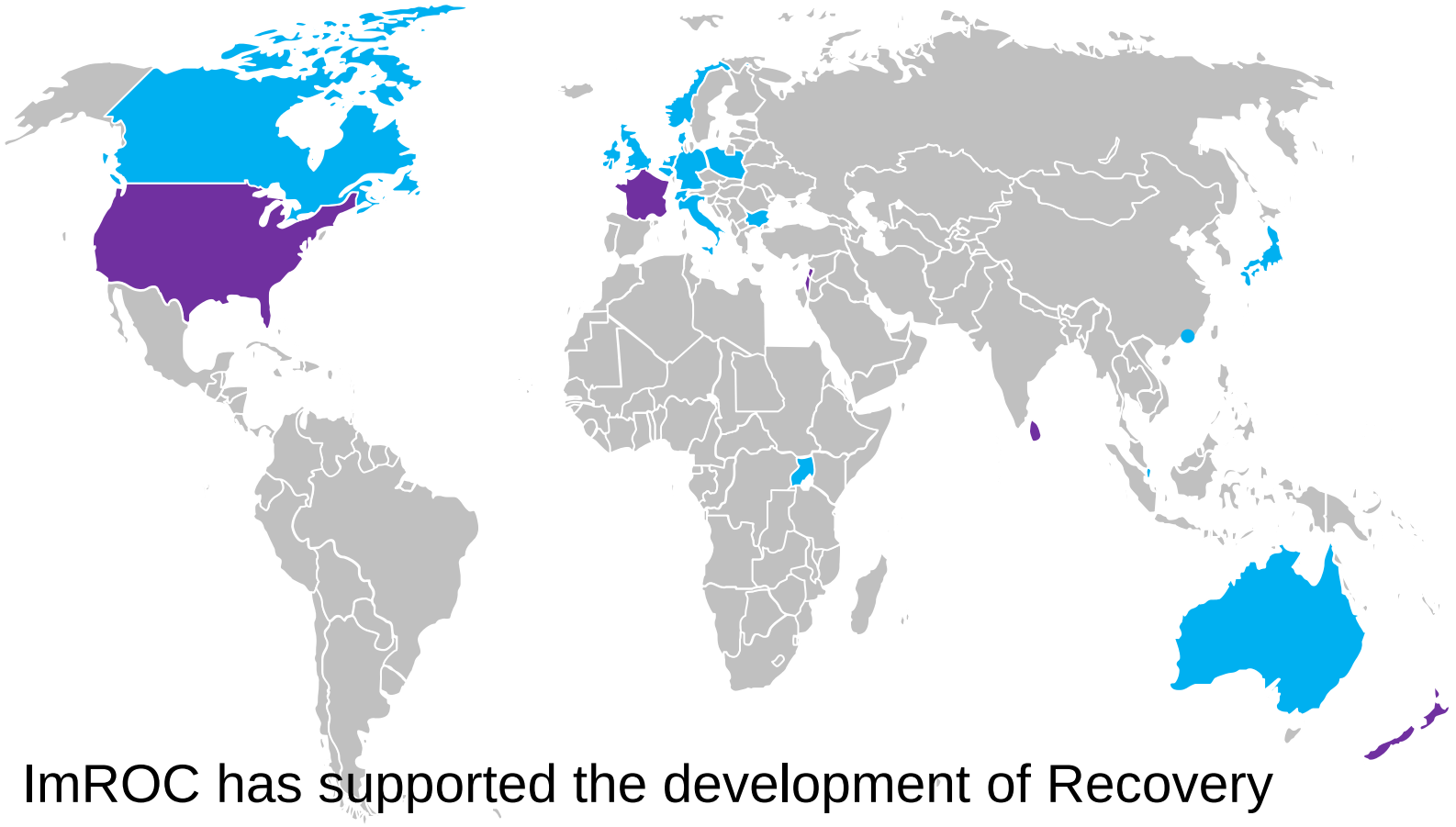

ImROC has supported the development of Recovery Colleges in the UK and 16 other countries

The International Recovery College Community of Practice has representatives from 11 countries

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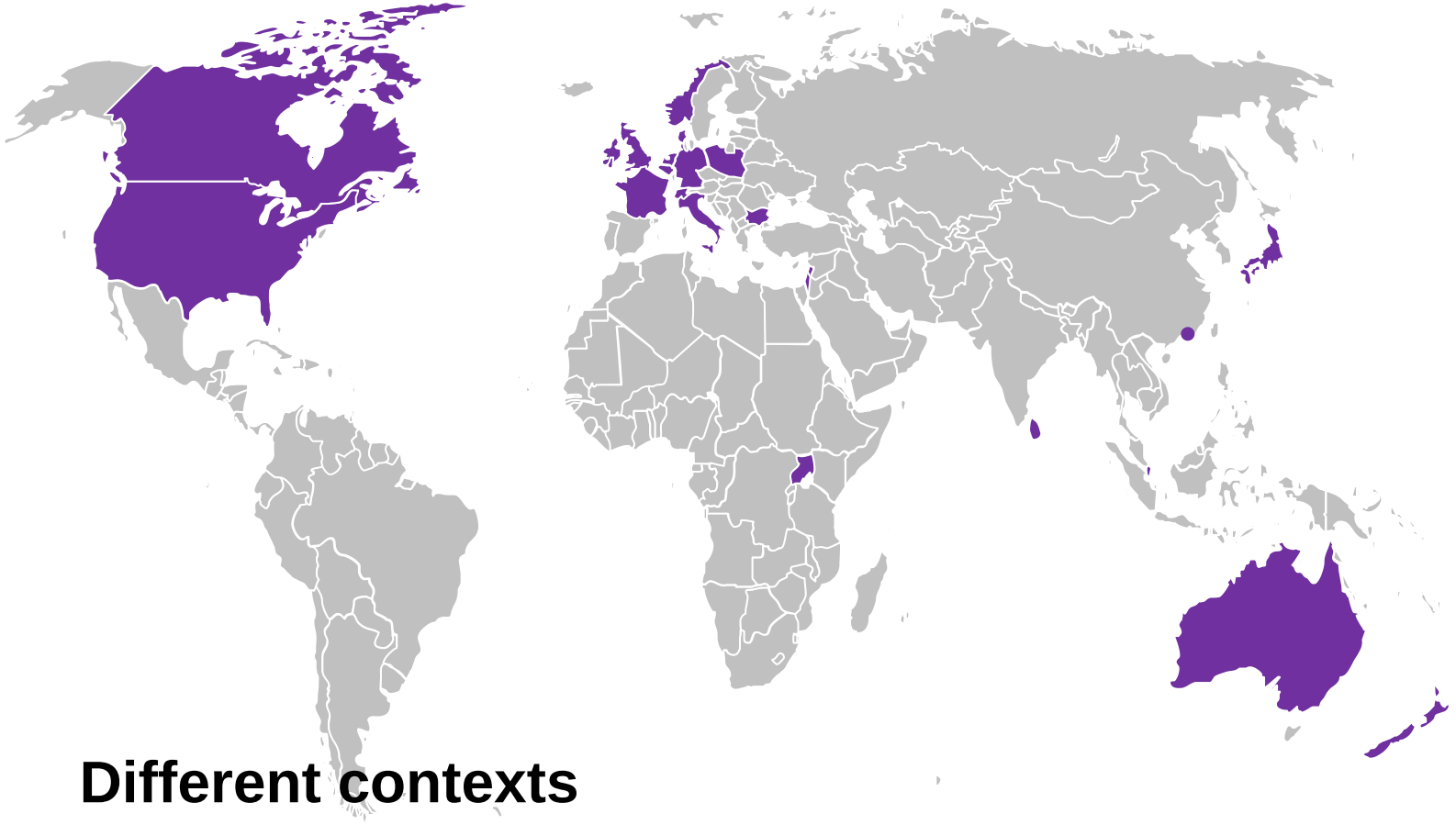

Different contexts

Life expectancy
Health spending per person
Dominant mental health model
Inequality
School leaving age
Language
Culture
Geography and rurality

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Our assumptions

Differences in

- Context (£, geography etc)
- Culture and stigma
- Dominant health model

(meaning of recovery, power)

Large variance in Recovery College model and approach

In fact, they were remarkably similar.
Few said they had to adapt the Recovery College model for their country.

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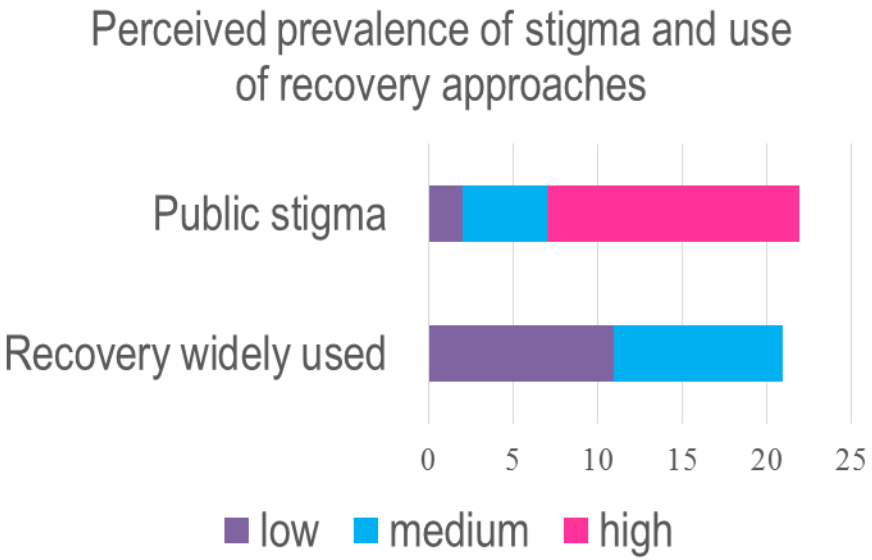
Why develop Recovery Colleges?



Stigma is present across countries
Recovery approaches are not widely used

The main reasons people had developed Recovery Colleges:

- Transforming the organisation and changing attitudes and culture
- Serving the needs of the community
- Being inspired by visiting other Recovery Colleges

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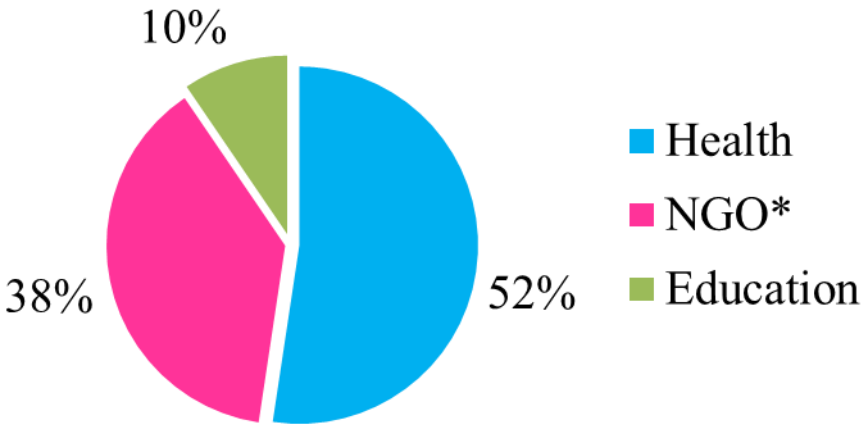
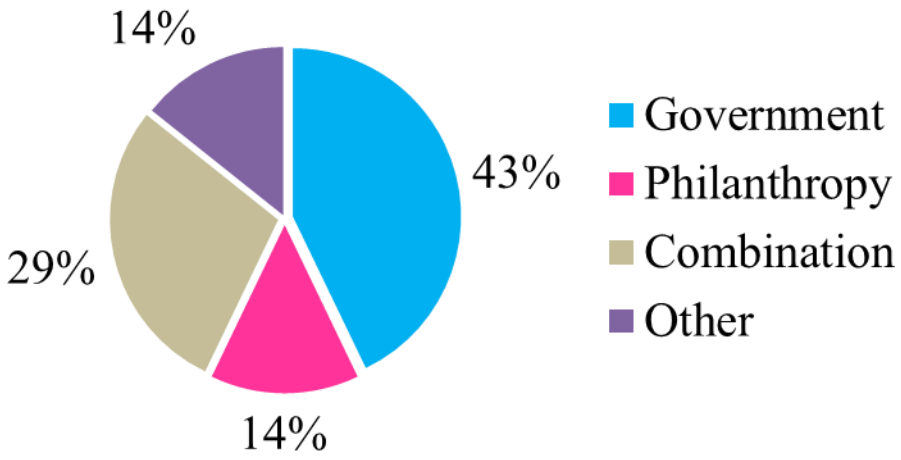
Main Provider



Main Funding Source



* = NGO, Charity & Social Welfare Corporations

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Common themes

- Co-production
- Lived experience and peers
- Education and learning

- Inclusivity
- Culture change
- Sustainability (funding)

Enthusiasm

Pride

Buzz

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Learning from each other

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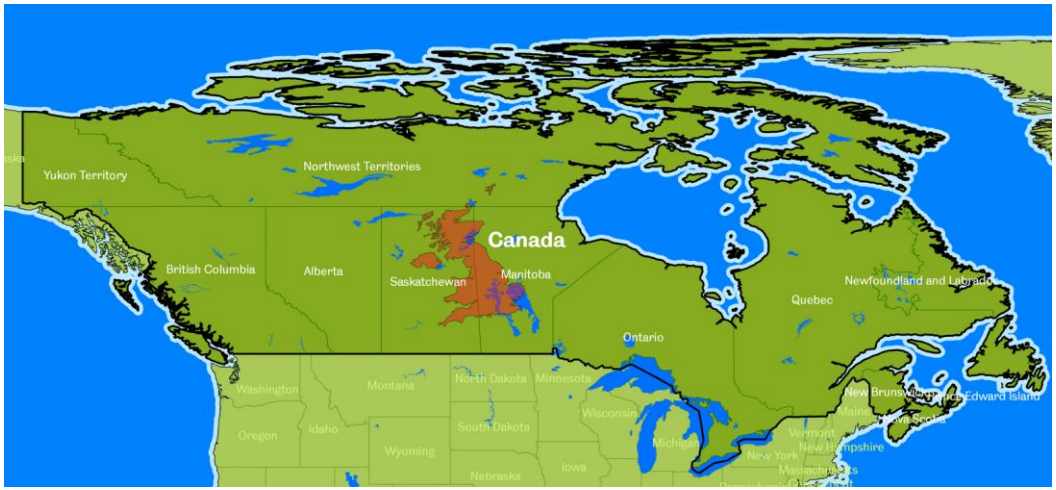
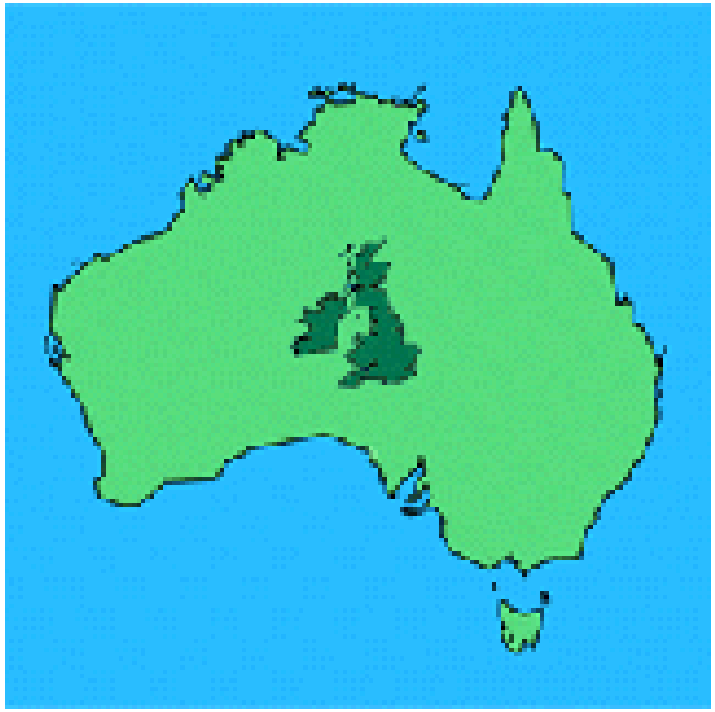
Learning from each other

Engaging with minority cultures and Reaching rural populations





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Learning from each other

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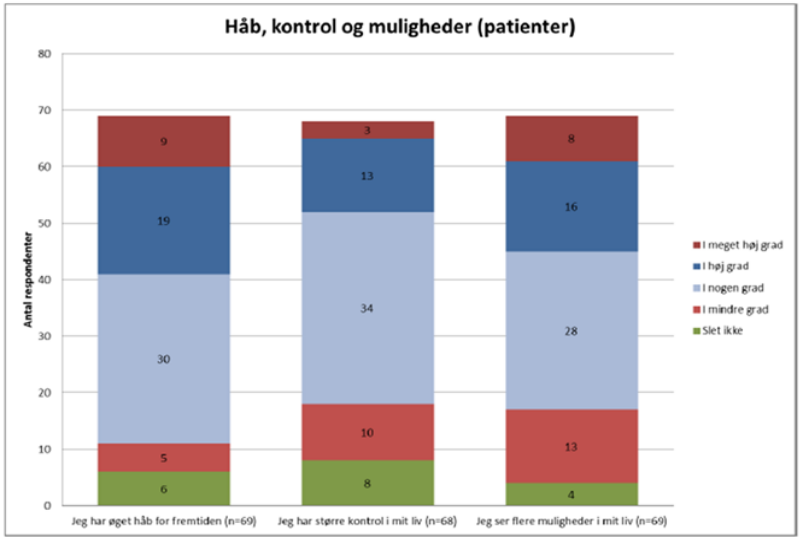
Recovery College Translates across the world

Evaluations show positive results

- In different countries:
  - Australia
  - Canada
  - Uganda
  - New Zealand
  - Denmark
  - Ireland
  - Japan
  - France



Denmark Evaluation of Skolen for Recovery College (2016)

- With different student populations:
  - young people
  - homeless people

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Questions to think about throughout today and beyond

Be curious:

- What is similar
- What is different
- What you can learn from other RCs both in the UK and around the world

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thank you
grazie
Благодаря ти
ありがとうございました
asante
merci

tak skal du have
谢谢
תודה
شكرا لك
danke

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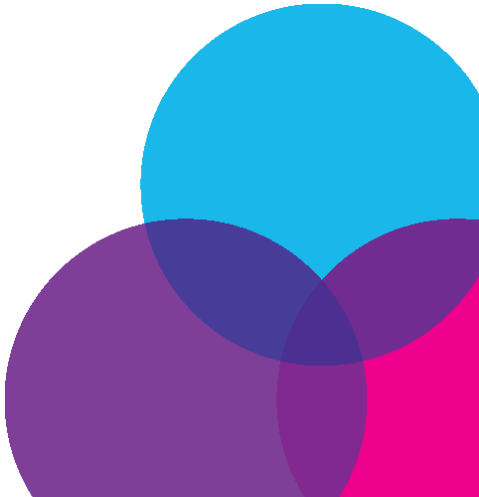
Recovery Colleges 10 Years On

Rachel Perkins

Senior Consultant ImROC

26th September 2018



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The idea

An 'educational approach' in health and mental health predates the Recovery College …

In the UK 'Expert Patient Programme' (2001)

Intended to improve self-management among people with long term health conditions

BUT unlike Recovery Colleges

- Content largely prescribed by professionals
- Prescriptive manualised courses
- Largely didactic model of learning
- Only symptom management not broader issues of rebuilding a life

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- **In the USA Recovery Education Program – Boston Centre for Psychiatric Rehabilitation** (founded on skills training as the basis for rehabilitation see Anthony and Lieberman, 1986)

  "An adult education program that offers students the opportunity to choose a range of wellness courses that support their rehabilitation and recovery"

- **Developed from the Boston Model the Recovery Education Centre in Phoenix, Arizona** (Recovery Innovations)

  "trained peer facilitators help individuals develop skills and tools that can lead to success in all aspects of wellness and daily living"

- Recognised the importance of the expertise of lived experience

BUT unlike Recovery Colleges

- Deliberately separate from clinical services
- Do not address issues of diagnosis and treatment
- Discrete number of courses run over several weeks
- Courses are manualised and largely prescriptive
- Do not bring together the expertise of lived experience and professional expertise in a process of co-production
- Largely didactic model of learning
- Only for people who have experienced mental health challenges

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Unlike previous educational initiatives, Recovery Colleges were

- **Founded on co-production** bringing together the expertise of lived experience and subject/professional expertise in an inclusive learning environment
- **Emphasise co-learning**: people with mental health challenges, their friends and families, mental health workers, people from local community …
- **Provide a democratic learning environment** (rather than didactic) in which all expertise is valued and shared – the facilitators are not the only experts in the room!
- **Offer a comprehensive range of courses** based on the wishes and needs of those who use them (spanning clinical, social and personal domains – from a
- **Form a core part of mental health services** designed to drive recovery focused change across the whole system

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These are the very things that students (both staff and those living with mental health challenges) say they value about Recovery Colleges?

- **An educational approach**
- **Co-production, co-facilitation and co-learning**
- **A safe and inclusive environment** in which 'them' and 'us' barriers are broken down
- **Choice and control**
- **Learning new things**
- **Learning from other students** (both those with mental health challenges and staff who are students)
- **A sense of connection** and social opportunities (decreased social isolation)
- **The recovery-oriented environment** in which they can find a sense of hope and possibility – the feeling they can move on

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Over the last 10 years we have learned a lot …

… and we have tried to capture this learning in a briefing paper

Perkins, R., Meddings, S., Williams, S and Repper, J. (2018) (with input from Jane Rennison, Joanne Sommer, Sharon Gilfoyle and Toni King)

***Recovery Colleges 10 Years On*.**

https://imroc.org/resources/15-recovery-colleges-10-years/

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1. We have learned that Recovery Colleges work!

Evidence collected within your Recovery Colleges over the last 10 years shows that …

- They are **extremely popular and well liked** by those who use them – typically around 95% of students rate their experience as 'good' or 'excellent'
- They **enable people to develop knowledge and skills** … and **move forward in their recovery** …and **improve quality of life and well-being** … and **achieve socially valued goals** (improve social networks, move on to mainstream roles and activities – education, employment, volunteering, community engagement)
- Emerging evidence they really do **change attitudes and values across the broader system**

… and as well as that they are cost effective!

by building lives outside services use of inpatient and community services is reduces

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2. We have had debates about organisation and location

- **Who should provide a the Recovery College?** (A Recovery College necessarily involves partnerships – but who should lead?)
- **Where should the Recovery College be located?**
- **Who should the staff team comprise and how should they be employed?**

We have learned that there are pros and cons of different decisions that may be made in each of these areas … but probably the most important lesson is that

a) Decisions will be based on **local circumstances and possibilities**

b) Whatever choice we make we must **make strenuous efforts to ensure that we adhere to the core principles on which they are based**

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3. We have learned more about what the key principles of Recovery Colleges really are

- They are based on **educational principles**
- **Coproduction, co-facilitation and co-learning** lie at the heart of their operation
- They are **recovery-focused and strengths based**
- They are **progressive** – actively helping students to move forward in their lives
- They are **integrated with their community and with mental health services and form a bridge between the two**
- **They are inclusive and open to all** … people of different ages, cultures, faiths, genders, sexual orientation … as well as people who mental health (or other health) challenges, mental health workers, their relatives and people facing emotional distress in communities

By learning together on equal terms in a setting where stereotypes can be challenged, barriers can be broken down and genuinely inclusive communities promoted

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4. We have learned that basing what we do on these key principles is important

Recovery Colleges have not been without their critics

- They demand compliance and leave no room for questioning and dissent
- The are a cost cutting exercise and their curriculum is not evidence based
- They do not reflect genuine equality between lived and professional expertise
- They are segregated ghettos that infantilise those who use them
- They represent an individualised, neo-liberal view of the world and ignore the social, economic and political context of people's lives

Many of these challenges result when Recovery Colleges move away from the original principles on which they were conceived …

… and the prevailing culture, organisational and financial climate within services makes it hard to adhere to the founding principles hard

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a) It is hard to stick to educational principles in a world where, both within outside services, narratives of illness, treatment and cure reign supreme

It is easy for Recovery Colleges' to

- slip into the language of therapy 'insight', 'stuckness', 'transference', 'negative thinking' …
- courses can become prescriptive about how people 'should' manage the challenges they face
- courses can readily slip into one particular therapeutic perspective (CBT, NLP …)
- It is easy to slip into 'prescribing' particular courses for people facing particular challenges

People value the choice and control afforded by a Recovery College – we need to work hard to maintain this!

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b) Co-production is not easy

The belief that 'the professional knows best' is well entrenched across the mental health world … and can so easily extend to Recovery College leading to a situation where

- Co-production is replaced by tokenistic 'user involvement' within a framework defined by professionals
- A stifling of dissent when the expertise of lived experience is at odds with professional views
- Mental health workers are reluctant to attend courses alongside 'service users'

In efforts to redress this imbalance some colleges have become more 'user led' with peers taking the leading role in design and delivery of courses

- This leads to professional expertise and research data being marginalised and tokenistic
- Mental health workers feel their expertise is ignored

People value the co-production and shared learning afforded by a Recovery College - we need always to work hard to make a reality of this

c) Co-learning can be hard to achieve

Co-learning – mental health workers learning alongside people with mental health challenges - is central to creating broader recovery-focused organisational change, breaking down 'them and us' barriers and bringing together professional and lived expertise.

Yet some Recovery Colleges struggle to get staff to attend:

- Staff reluctant to become students alongside those who use services (e.g. challenges professionalism and boundaries … but research shows that staff benefit greatly from learning alongside service users)
- Mechanisms for enrolling are not always easy for staff to use
- Funding restrictions limit students to those who use services mental health challenges – staff, friends, families and people outside services may be excluded

If Recovery Colleges are to create broader organisational change and break down destructive 'them and us' barriers we must continue to strive to make a reality of co-learning

d) Most Recovery Colleges have created a recovery-focused, strengths based, hopeful environment … BUT

there is a risk that some people feel alienated because we fail to acknowledge the magnitude of the traumas and circumstances of their lives

At the same time as offering images of possibility it is important that we recognise the very material barriers and disadvantages that people face: poverty, poor housing, the insecurity of living on meagre welfare benefits, prejudice, discrimination … that abound.

These disadvantages require not individual change but collective action.

Recovery Colleges must recognise the barriers that exist, enable people to understand the impact of these and individually and collectively) assert their rights as citizens

e) By creating a 'safe' environment, there is a risk that recovery colleges cease to be progressive and people become trapped in segregated 'ghettos'

It is easy for people to get trapped in a never ending cycle of courses

It is easy for the curriculum to offer non-recovery-focused courses (e.g. kayaking, dance, art …) replacing opportunities available in the community with parallel segregated opportunities … rather like traditional day centres

If we simply try promote community integration by moving Recovery Colleges out of mental health services then they become cut off from those services and cannot drive recovery-focused change across the whole system

It is only by acting as such a bridge that they can both contribute to the recovery-focused transformation of services AND enable people to access the possibilities that exist in communities AND contribute to the creation of communities that can accommodate all of this

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Finally, we have learned the importance of LEADERSHIP in both creating Recovery Colleges and maintaining and developing them in line with the key principles

Leaders who:

- **'get it'** (are imbued with a recovery perspective and really understand the nature of a Recovery College)
- **'can communicate it'**
- **'don't give up'** when the going gets tough
- can gain an **'ear in high places'**
- are prepared to **'have a go' – take those 'leaps of faith'**
- know **'the direction of travel'** but **don't think they have all the answers**
- **never 'rest on their laurels'** – are always looking for ways to build on and develop things and can inspire others to do likewise

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With leaders like you we have come a long way … but we are – and will hopefully always continue to be – a work in progress

We know a lot about the essence of a Recovery College and core principles (and we know the challenge of maintaining these) but these core principles must form the basis for growth and development

"There will always be room for mixing the key ingredients together in new and different ways and adding different herbs and spices"

… and we will hear about some of these over the course of today

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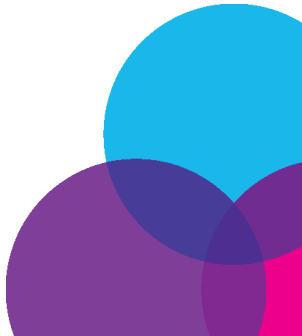
Discovery Project

Phil Morgan & Sarah Rose

Dorset Wellbeing and Recovery Partnership (WaRP)



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Background

- Dorset Wellbeing Recovery Partnership (WaRP) DHC and DMHF working together for 9 years.
- Purpose of WaRP to build capacity in individuals, services and communities
- Dorset Recovery Education Centre, set up 2012 and now over 4000 registered students
- Young Peer workers working into Pebble 2015
- Planning week Sept 2018
- Formal launch April 2019

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Project Aim

To co-produce a pilot Discovery Project which will aim to improve resilience and coping young people, their families and supporters, by offer opportunities for them to develop their understanding of what wellbeing and means to them; and by providing bridges between peoples' lived experience, mental health services and local communities (including schools and colleges)

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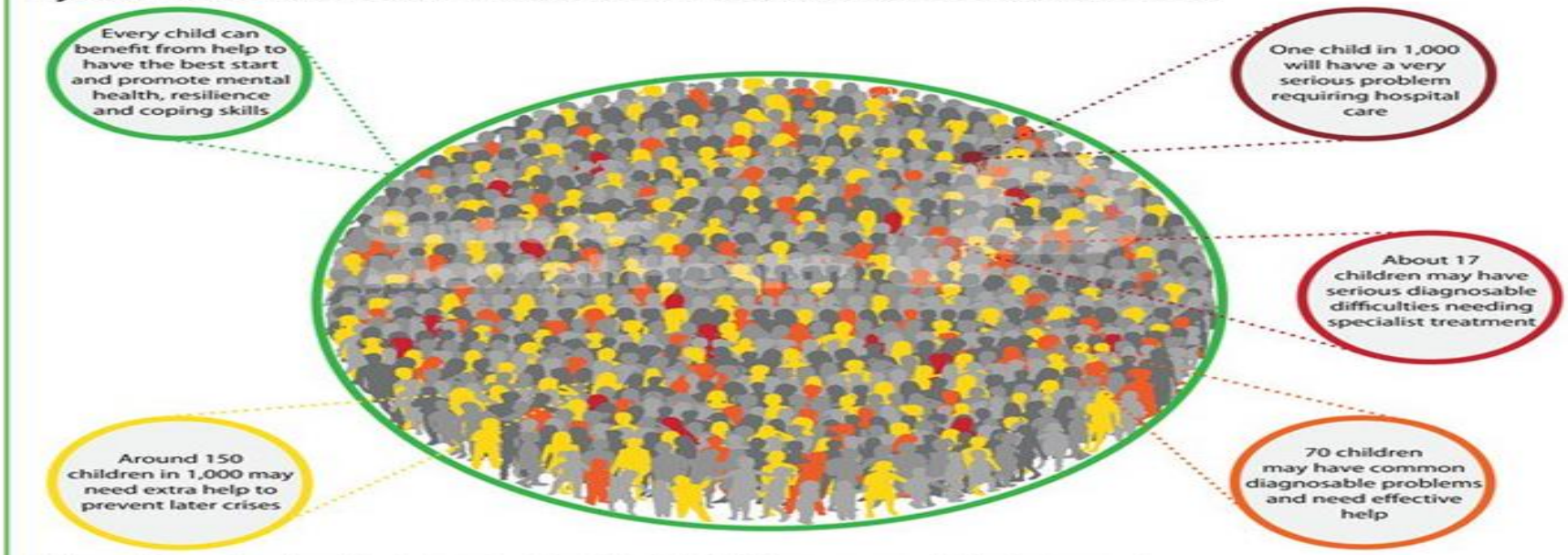
Mental health spectrum

www.centreformentalhealth.org.uk

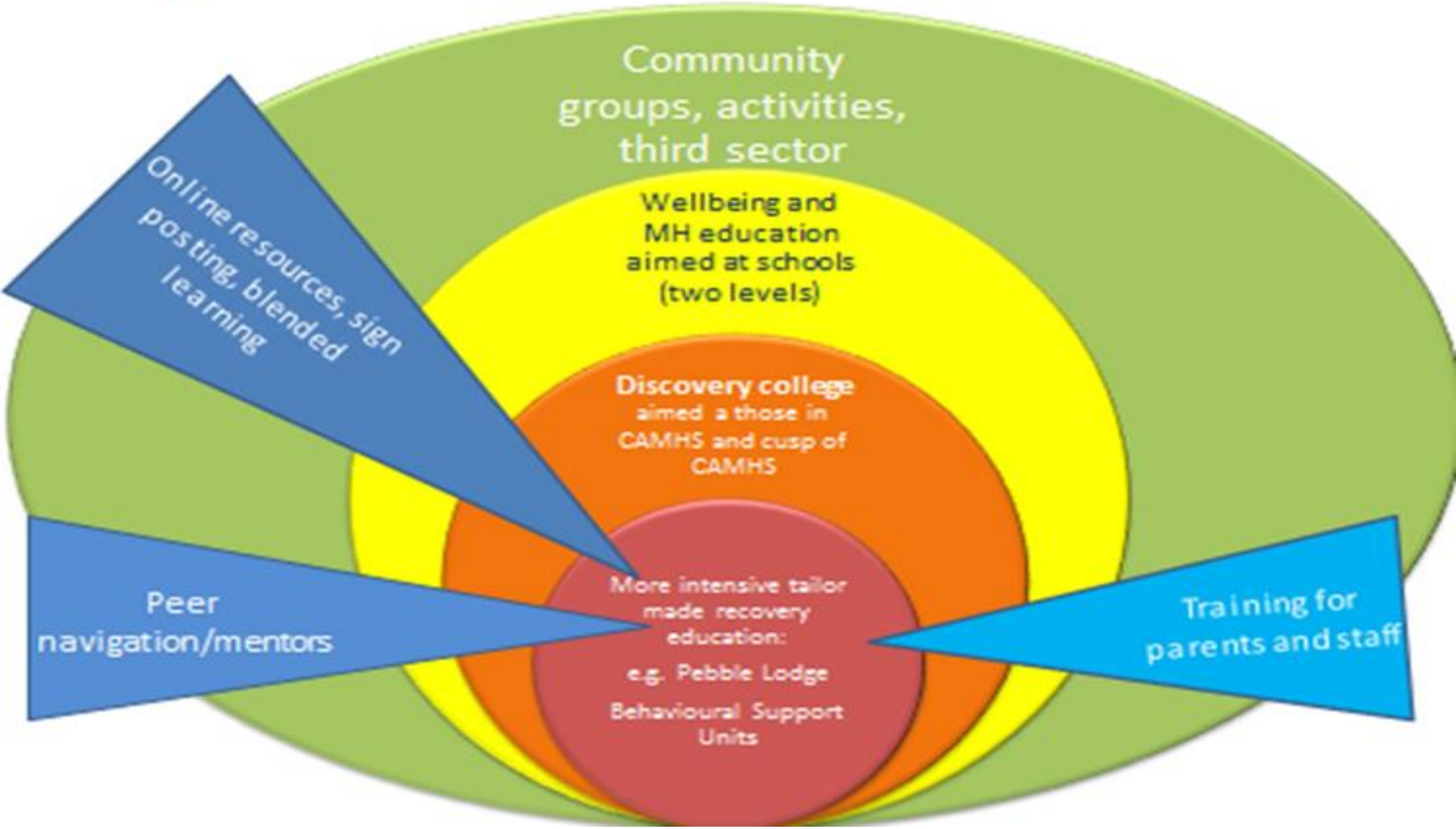
1,000 Children: a model for local commissioners



This model was developed by Centre for Mental Health building on research by Kurtz, 1996

Kurtz, Z. (1996) Treating children well: a guide to using the evidence base in commissioning and managing services for the mental health of children and young people. London: Mental Health Foundation.

Programme co-produce and co-delivered



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Key Learning Points

- Importance of values base
- Workforce and task skilling
- Developing young peers and work-based skills
- Membership (Young person, parent/carer, schools, community organisations, businesses)
- Role of on-line offer in regards to access, content, courses and signposting
- Role of student identity
- Co-production and Hart's ladder of youth participation

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Questions and Discussion

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Refreshment break and exhibition

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CNWL
Recovery & Wellbeing College
'In Practice' Project

Mary-Anne Cable – Project Lead

Fiona Tutton – Trainer

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Project Aim

- To replicate the CNWL Recovery & Wellbeing College model within a **General Practice** setting.
- To assess whether by learning together in a bespoke Healthy Living Programme, patients develop enough understanding of conditions, enough confidence in managing their health independently and enough resilience, to have a measurable impact on their subsequent patterns of contact with a clinician.

Evidence suggests that the top 3% of GP attenders require around 10% of the primary care resources.

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KILBURN PARK MEDICAL CENTRE (KPMC)

- Social deprivation and disruption
- Diverse patient population
- Many different languages
- Many different cultures

CRITERIA

- Patients or members of staff from KPMC
- Able to understand enough English to grasp the ground rules, follow discussion and able to contribute

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What we did….

- Held focus group meetings with patients
- Together, decided on a programme of courses
- Advertised college courses to all staff and patients
- Organised Individual Learning Plan Sessions with a Learning Advisor
- Selected two PROMS (Patient Reported Outcome Measures)
- Collected baseline data on wellbeing as students enrolled with the college
- Located local venues where courses could be held

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- 264 patients

  (age range 18-92)

- 97 sessions

  (53 series of sessions)

- 816 attendances

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The trainer experience

- Bringing the community together
- Building relationships & making connections
- Taking ownership of health & wellbeing
- A real sense of joy…..

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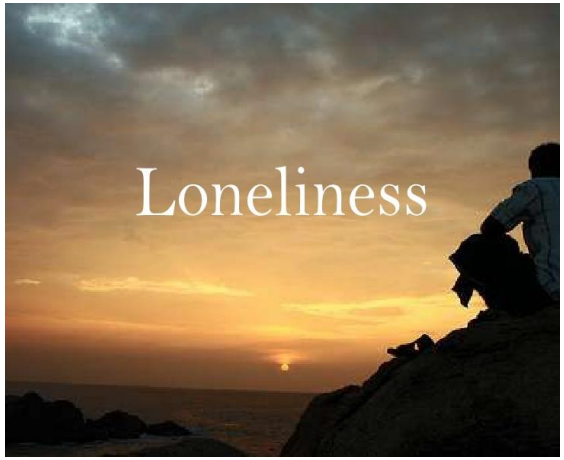

Overall 22% reduction in all clinical contacts, but, when looking at people who had historically attended more frequently there was a 30% reduction

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Wellbeing College in Practice Film

https://vimeo.com/279848977

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Measuring what matters;
A co-produced measure of personal recovery

Southern Health NHS Foundation Trust

Katherine Newman-Taylor

Consultant Clinical Psychologist, Southern Health NHSF Trust

Associate Professor, University of Southampton

Recovery The Recovery College

Kate Sault

Recovery College Lead

Southern Health NHSF Trust

Steve Parker

Recovery College Trainer

Southern Health NHSF Trust

mind for better mental health Solent

Christie Garner, Liz Vernon-Wilson, Lesley Herbert, Charlotte Deveson, Karlien Paas, Sheena Au-Yeung

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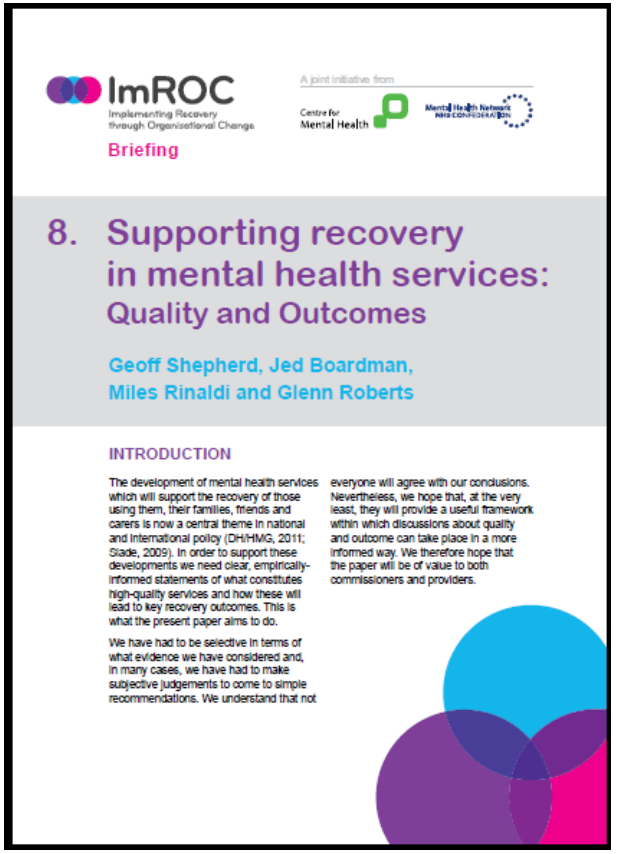
Measuring what matters – personal recovery

If we want to develop recovery focused services, we need to measure recovery outcomes:

- Are we offering recovery focused services?
- Are we facilitating people's personal recovery?
- Are we using measures that have been developed jointly by clinicians and people with lived experience of mental ill-health?



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Implementing Recovery through Organisational Change

A joint initiative from Centre for Mental Health and Mental Health Network NHS Confederation

Briefing

8. Supporting recovery in mental health services: Quality and Outcomes

Geoff Shepherd, Jed Boardman, Miles Rinaldi and Glenn Roberts

INTRODUCTION

The development of mental health services which will support the recovery of those using them, their families, friends and carers is now a central theme in national and international policy (DH/HMG, 2011; Slade, 2009). In order to support these developments we need clear, empirically-informed statements of what constitutes high-quality services and how these will lead to key recovery outcomes. This is what the present paper aims to do.

We have had to be selective in terms of what evidence we have considered and, in many cases, we have had to make subjective judgements to come to simple recommendations. We understand that not everyone will agree with our conclusions. Nevertheless, we hope that, at the very least, they will provide a useful framework within which discussions about quality and outcome can take place in a more informed way. We therefore hope that the paper will be of value to both commissioners and providers.

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Co-development of the HAO

- Key principles of personal recovery – hope, agency and opportunity (Centre for Mental Health, 2016; Repper & Perkins, 2003; Shepherd et al., 2014)
- Working alliance integral to effective mental health care (Borg & Kristiansen, 2004; Hicks et al., 2012)
- Initial version drafted by clinician and EbE lead for Recovery College
- Recovery College consultation group of four EbEs and four clinicians – iterative process of development

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Over the last week, please rate how much you have experienced a sense of.....

	none of the time	rarely	some of the time	often	all of the time

1 Hope:

- Seeing a future for yourself
- Believing that difficulties in your life will get better
- Having things that you want to do

Do you believe that you can live well, and pursue your aspirations and goals?

Comments

2 Agency (sense of control):

- Having choice and information about the support you receive
- Feeling that you are able to take control of difficulties in your life
- Knowing how to keep yourself well

Do you have a sense of control over your life?

Comments

3 Opportunity:

- Developing and supporting the things you are good at
- Supporting the role that you already have e.g.family member, student, job role
- Having the chance to get involved in your local community

Can you build a full and meaningful life of your choice, with opportunities to be part of wider society?

Comments

4 Working relationships:

- Being listened to by health and social care professionals and people that support you
- Working together to build a care plan that fits you
- Feeling that people supporting you believe in your recovery

Do your relationships with staff foster hope, agency and opportunity for recovery?

Comments

www.southernhealth.nhs.uk/recovery

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Validation paper

Journal of MENTAL HEALTH

http://tandfonline.com/ijmh
ISSN: 0963-8237 (print), 1360-0567 (electronic)

J Ment Health, Early Online: 1–7
 DOI: 10.1080/09638237.2017.1385746

Taylor & Francis
Taylor & Francis Group

Check for updates

ORIGINAL ARTICLE

Psychometric evaluation of the hope, agency and opportunity (HAO); a brief measure of mental health recovery

Katherine Newman-Taylor[1], Christie Garner[2], Elizabeth Vernon-Wilson[2], Karlien H. W. Paas[1], Lesley Herbert[2], and Sheena K. Au-Yeung[1]

[1]*Psychology Department, University of Southampton, Southampton, UK and* [2]*Southern Health NHS Foundation Trust, Southampton, UK*

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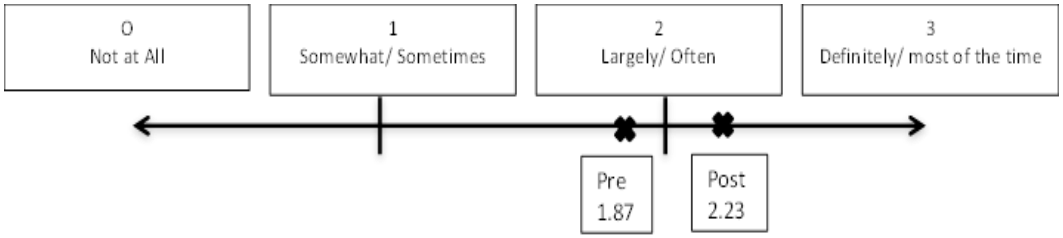
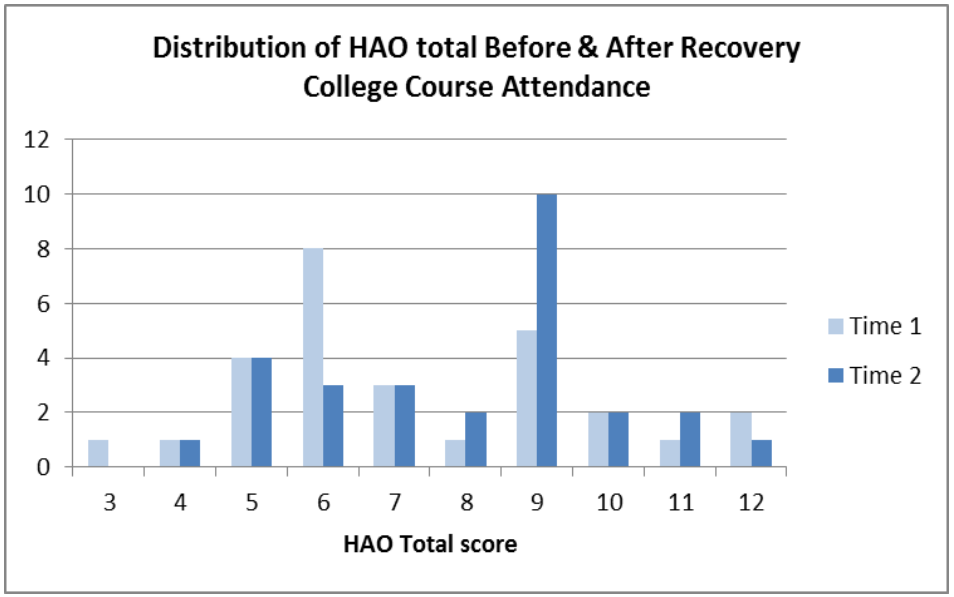
Shaping services: Recovery College evaluations



academic year 2013/14
(NB. earlier version of HAO)

academic year 2016/17



Shaping services: Recovery care planning

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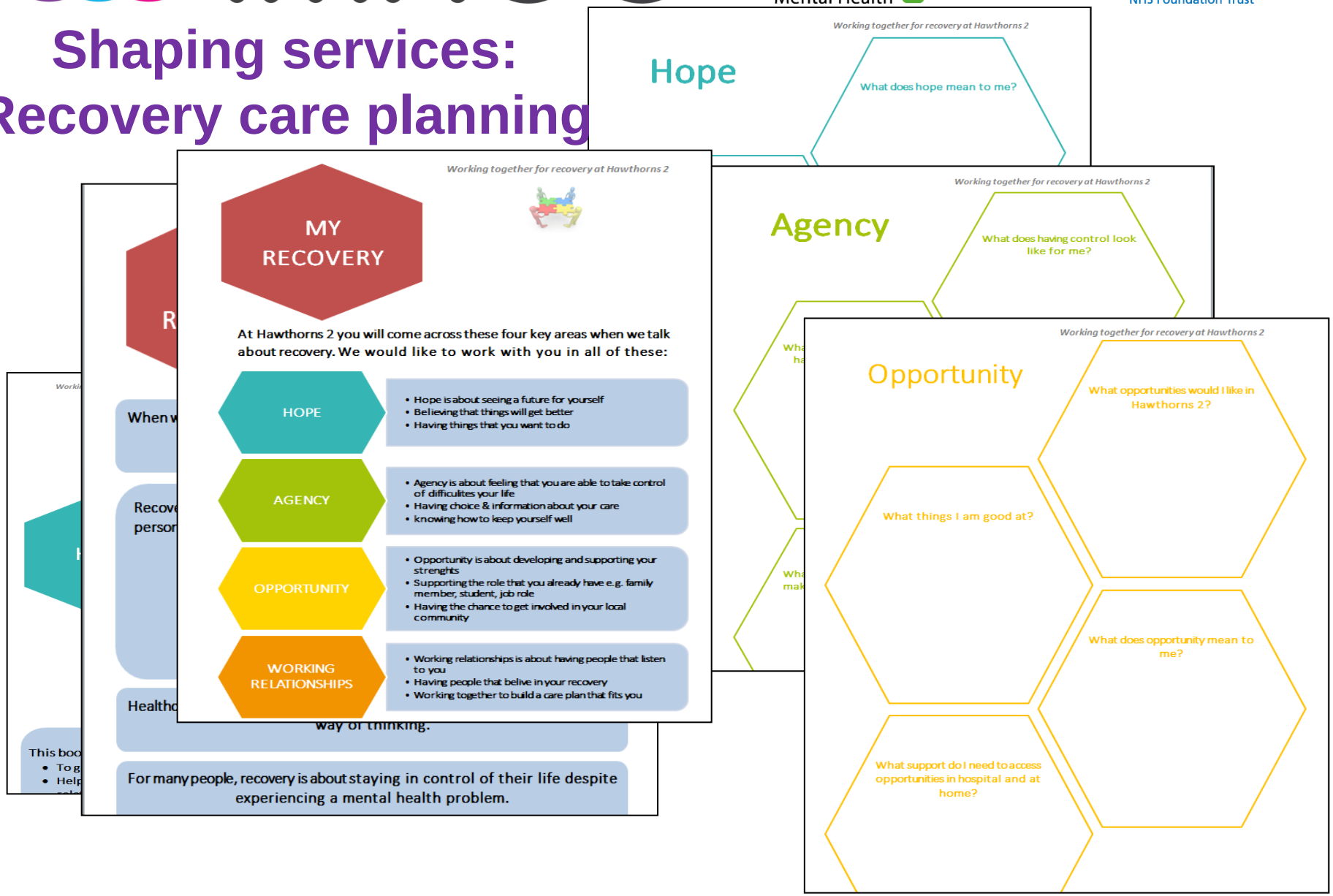

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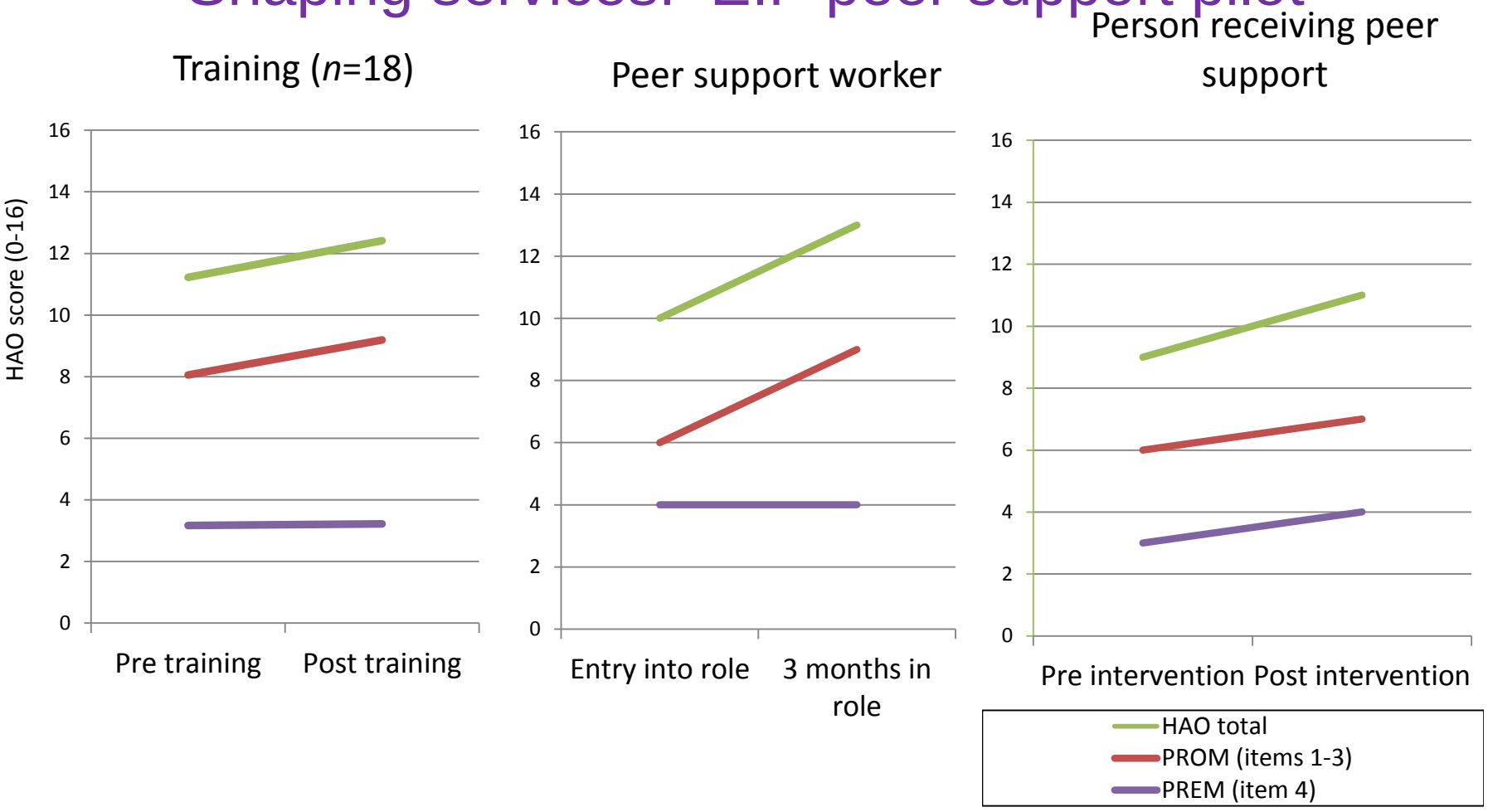
Shaping services: EIP peer support pilot



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Shaping services: HAO as an engagement tool

An introduction to the HAO Tool

This video briefly describes the purpose and development of the HAO.

Find out more

The HAO in Practice (Brief)

This brief video shows how the HAO can be used in clinical practice.

Find out more

The HAO in Practice (Full)

This longer video shows a full conversation based on the HAO.

Find out more

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Shaping services: Recovery in practice

Recovery
The Recovery College

Barriers and facilitators

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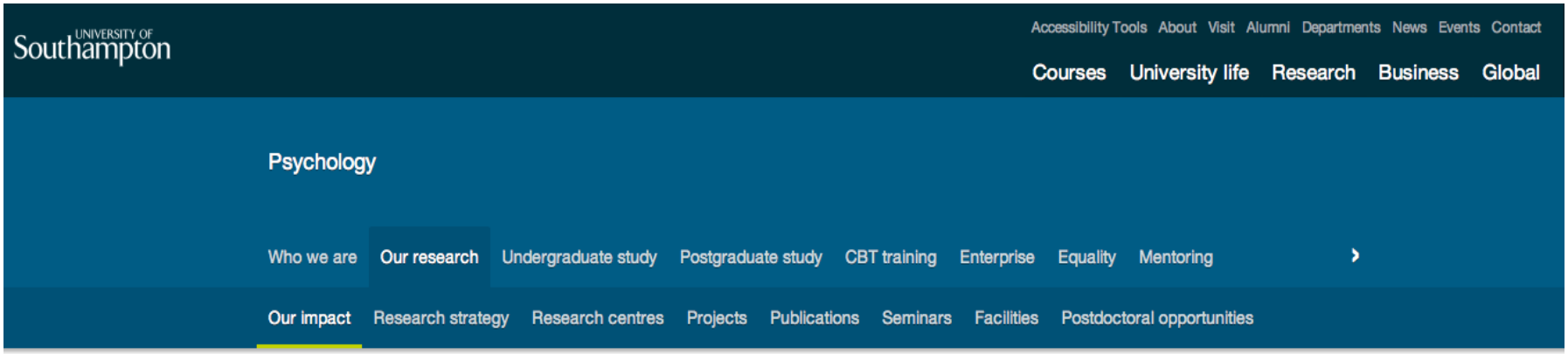
HAO website: Search

Hope, Agency & Opportunity measure of recovery



> Psychology > Our research > Our impact

Hope, Agency & Opportunity measure of Recovery

People with lived experience of mental ill-health emphasise personal recovery as well as clinical outcomes, particularly the experience of hope, agency (a sense of control over our lives) and opportunity for purposeful activity and social inclusion, irrespective of mental health status. If we want to deliver recovery based mental health services, we need to measure recovery based outcomes.

https://www.southampton.ac.uk/psychology/research/impact/hope-agency-and-opportunity-measure-of-recovery.page#media

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Conclusions

- Our Recovery College has been instrumental in the development of a brief, valid measure of personal recovery
- This has started to shape services beyond the College itself – brevity of the tool means it can be used in routine practice to drive improvements (CQC priorities – caring, responsive, effective)
- The right outcome tools can help shape our services in line with the principles of autonomy, self-determination, wellbeing and recovery
- Recovery Colleges can have considerable influence and shape services and systems beyond the college and those directly accessing our courses

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Any questions?

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For HAO: search *Hope, Agency & Opportunity measure of Recovery*

Interested in working with us on a staff version of the HAO? Get in touch!

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The Discovery Centre

Recovery College at Langdon Hospital

Discovering recovery in a forensic setting

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Langdon Hospital

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Putting it into perspective

Patient and Carer Engagement Team

Discovery Centre

Patient Council

Carers' engagement

Education

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Discovery Centre

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Developments and areas of good practice

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Co-production

- Recovery focused workshops and courses delivered by staff and patients
- Involvement in projects
- Training opportunities for patients, staff and carers
- Newsletter for carers and patients
- Social events
- Involvement in reviewing and developing the service
- Developing resources

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Providing links to the community

Devon Recovery Learning Community

Sainsbury's

NATURAL ENGLAND

South Devon College

TEIGNBRIDGE
Community & Voluntary Services
Registered Charity No 1142744
Company Ltd by Guarantee No 7596402

Life Skills
BARCLAYS

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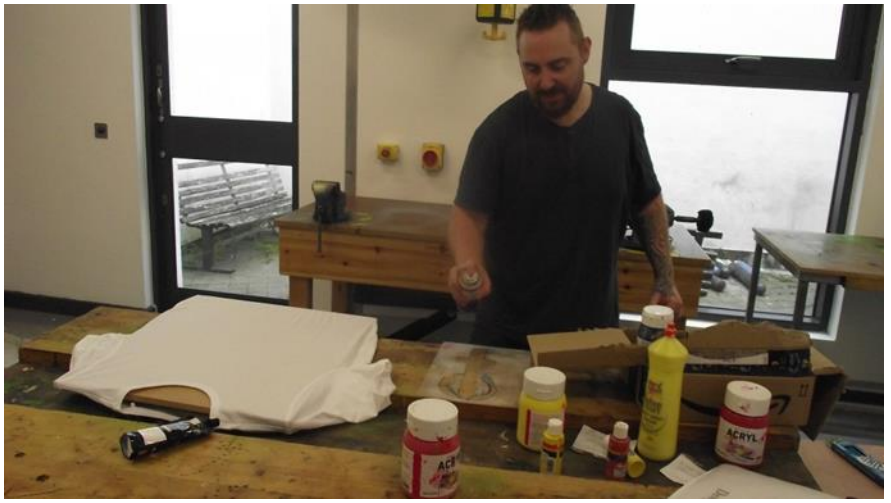
Meaningful pathways – route to employment and formal education



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What difference does it make

- Personal development
- Being part of something and having responsibilities
- Improved mental health awareness and access to information
- Influencing and challenging existing practice
- Challenging stigma and sharing experience with the community
- Opening doors to further opportunities
- Sharing good practice through local and national consultation

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Moving forward

- Ensuring family members and carers have equal access to opportunities
- Developing robust links and support together with our new community forensic team
- Mutual support and reflective practice with other recovery colleges

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Health & Wellbeing College

Transforming lives through hope, control & opportunity

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National model V PCFT model

- A recovery college is a college that offers a range of recovery focused educational courses and resources aimed at supporting people in recognising their potential, through self-management, to deal with the mental and physical health challenges they experience and to achieve the things they want in life (IMROC)

- PCFT's version is based on the national model but with a more inclusive approach – from early intervention / prevention through to supporting those with long term conditions or more severe and enduring problems (seeing "people as people")

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Co-production

- At the heart of everything we do
- ‘Experts by experience’ (peer trainers) and ‘experts by expertise’ (professional staff) coming together:
  - Course ideas
  - Course content
  - Course delivery
  - Course review
  - Service planning ……. Everything!!!

- Everyone has an equally valued input – no hierarchy; shared decision making

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Co-production – benefits:

- Brings a different dynamic to the classroom and college generally - empowering
- Those with lived experience feel like they have a voice and that their expertise is being invested in
- People feel listened to and ‘like they matter’
- Students feel inspired and are offered hope by the journeys of peers
- All results in better engagement and consequently positive health outcomes

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Where we're up to …..

- Completed two full academic years (Sept 16 – Aug 1 Sept 17 – Aug 18)
- Year 3 currently under way
- Over 900 students currently enrolled
- 37 co-produced courses
- Average age 45 years (ranged between 19-86yrs)
- 40% male, 60% female

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- 9 peer trainers in post
- 10 volunteers
- Enrichment activity programme
- Collaborative working with RHSD

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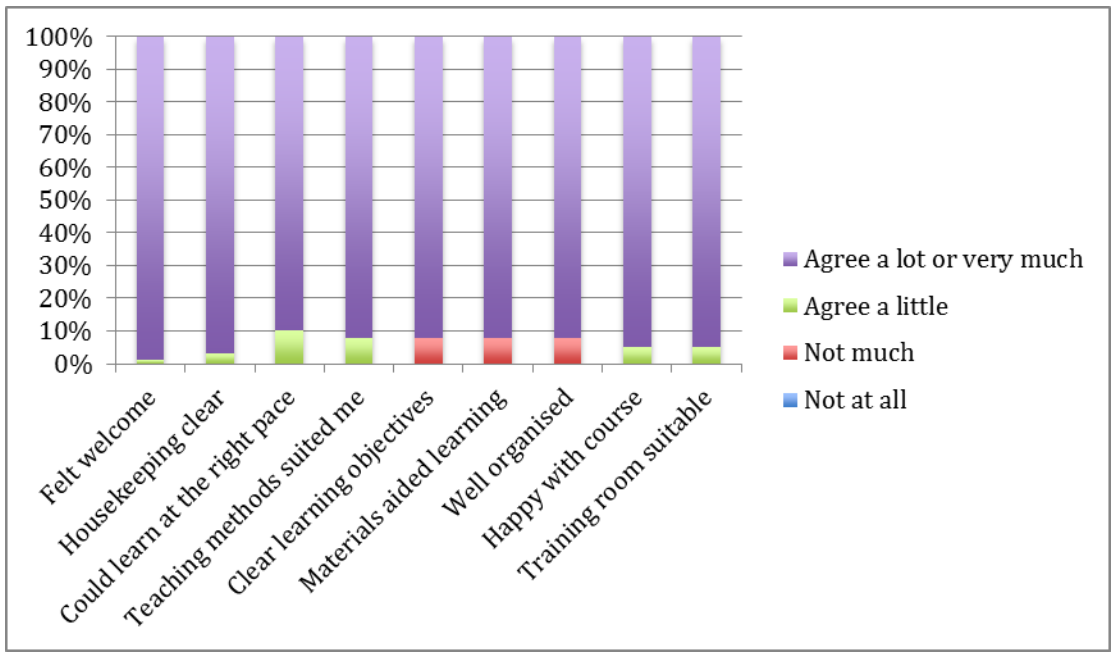
Outcomes / health benefits / impact:

- Average attendance rates – 77%
- Student satisfaction ….



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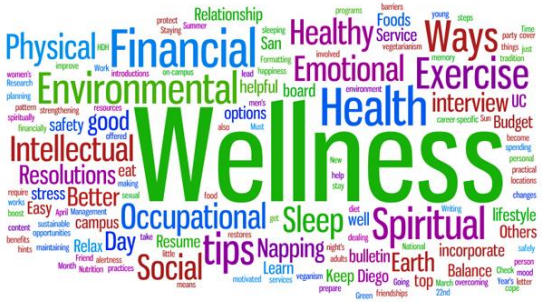
- **WEMWBS:**
  - After one term:
    - increase of 10 points (from ‘below average’ to ‘average’)
  - After full academic year:
    - increase of 20 points
    - Majority of students completing journey with ‘average wellbeing’



- **PAM:**
  - Pre term:
    - 65% didn't believe they had a role to play in self-mgt or lacked the knowledge / confidence to take action (levels 1&2)
      - After one term: Reduced to 45%
    - 35% starting to take action or maintaining action and self mgt (levels 3&4)
      - After one term: Increased to 55%
- After full year: scores increased by 27 points (average move from level 1 to 3)

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Impact:

- 50% of student population registered secondary care service users
- Nearly 2/3 had fewer contact with secondary care services after they enrolled with the college compared to the previous year
- Reduction of 1,570 practitioner hours
- Cost saving of £1k-£2k per student head
- Currently engaging 4% of this population, if we can increase to embed pathway within secondary services could lead to significant savings:
  - 10% - £400,000-£800,000, 25% - £1m-£2m, 50% - £2m-£4m

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Case examples:

- **Amy** – 24 years, Oldham

  WEMWBS scores:

  - pre term 1: 49
  - post term 1 / pre term 2: 55
  - post term 2 / pre term 3: 57
  - post term 3: 59

- moved from average wellbeing to above average wellbeing (10 point increase)

- PAM:
  - pre term 1: 45 (level 1)
  - post term 1 / pre term 2: 67 (level 3)
  - post term 2 / pre term 3: *missing data*
  - post term 3: 100 (level 4)

- moved from level 1, having no level of activation, to level 4, taking action and maintaining behaviour and self-management

- Discharged from the CMHT whilst attending the college and has recently obtained a post as a peer trainer, after a period of volunteering.

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- **Gill** – 63 years, Stockport

  WEMWBS scores:

  - pre term 1: 40
  - post term 1 / pre term 2: 51
  - post term 2 / pre term 3: 54
  - post term 3: 60

- moved from below average wellbeing to above average wellbeing (20 point increase)

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- PAM:
  - pre term 1: 47 (level 1)
  - post term 1 / pre term 2: 51 (level 2)
  - post term 2 / pre term 3: *missing data*
  - post term 3: 73 (level 4)
- moved from level 1, having no level of activation, to level 4, taking action and maintaining behaviour and self-management
- Recently obtained a post as a peer trainer

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- **Judith** – 69 years, Oldham

  WEMWBS scores:
  - pre term 1: 25
  - post term 1 / pre term 2: 34
  - post term 2 / pre term 3: 54
  - post term 3: 51

- moved from very low wellbeing to average wellbeing (26 point increase)

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- PAM:
  - pre term 1: 36 (level 1)
  - post term 1 / pre term 2: 45 (level 1)
  - post term 2 / pre term 3: *missing data*
  - post term 3: 58 (level 3)
- moved from level 1, having no level of activation, to level 3, beginning to take action
- Discharged from CMHT during time at college and recently obtained a post as a peer trainer.

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Student feedback….

- *"I attended this course because I thought I needed help with my mental health. This course has helped me to believe that I no longer have to be a victim of harmful thoughts or environments. What I found most useful about the course was a definitive explanation of the vicious cycle and how it manifests itself"* (student, Out of the blues course).
- *"I recovered partly from a severe depression and anxiety episode. I wanted a course to assist my anxiety further on my recovery journey. This course fits the bill. I found it useful to have the concept of anxiety taught in a simple but effective way. I found the weekly hand-outs easy to digest and really helpful"* (student, I am in control course).
- *"All of it was extremely useful. Excellent morning! Credit to the NHS!"* (Student – This is my moment)

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- *"Fab session. Well paced. Everything explained in layman's terms. I came not knowing too much and have gone away with a wealth of knowledge"* (student - This is my moment)
- *"This course has been life changing for me. Couldn't be better. THANK YOU!"* (Student – I am in control).
- *"5 * I'll manage my anger better now, as I have learned useful techniques."* (Student – Cool it!).
- *"I knew I had to change things, and this course has given me the tools I needed."* (Student – Coping with change).
- *"I do not think it is an exaggeration to say that this course has changed my life. I have learnt so much about myself and that depression can be managed and prevented"* (Student – Out of the blues)
- *"I love education! Really has improved my mental state"* (Student – Writing our stories)

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Amy: My college journey…..

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- *"I was diagnosed with Bipolar Disorder and Anorexia in 2011, I left the ward for the last time in 2014 and I was discharged from my community mental health team in 2016 which is when I also joined the college as a student. I attended a selection of the courses which helped me massively with anxiety, self-esteem and confidence. Because I was given the choice to come and help myself and the fact I was labelled as a student instead of a patient made me feel more empowered to help myself and I felt more in control of my life. In April 2017 I became a volunteer with the college doing admin work and attending promotional events and then in July of the same year I applied for the position of a Peer Trainer and was successful. Those courses I attended as a student last year, I now teach to current students! The college has been a life changer; I am so glad I started as a student last year and was able to go through the pathway from student, to volunteer to a paid role Peer Trainer. I am so grateful to be able to give back to this service and helping current students is such an amazing thing. The college is such a supportive place for both students and staff members and I enjoy my time here so much"*

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The college in pictures …..

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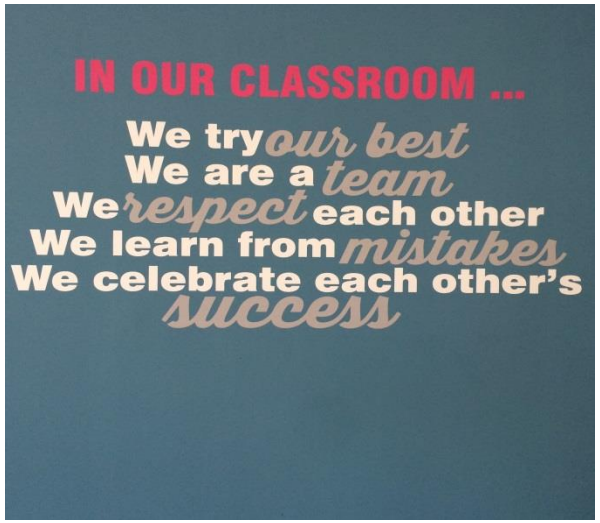

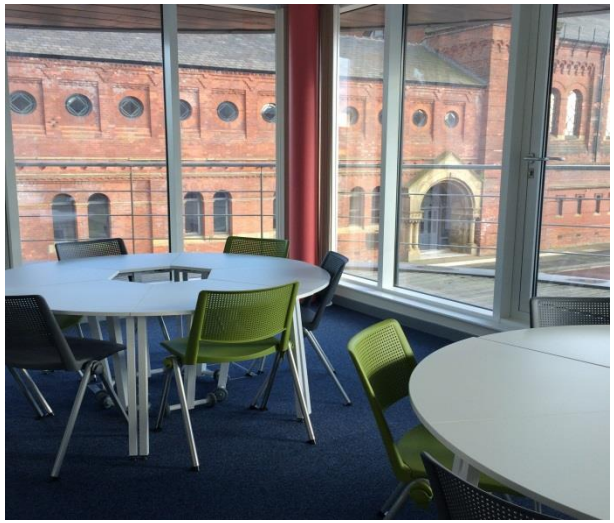

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FareShare
fighting hunger, tackling food waste

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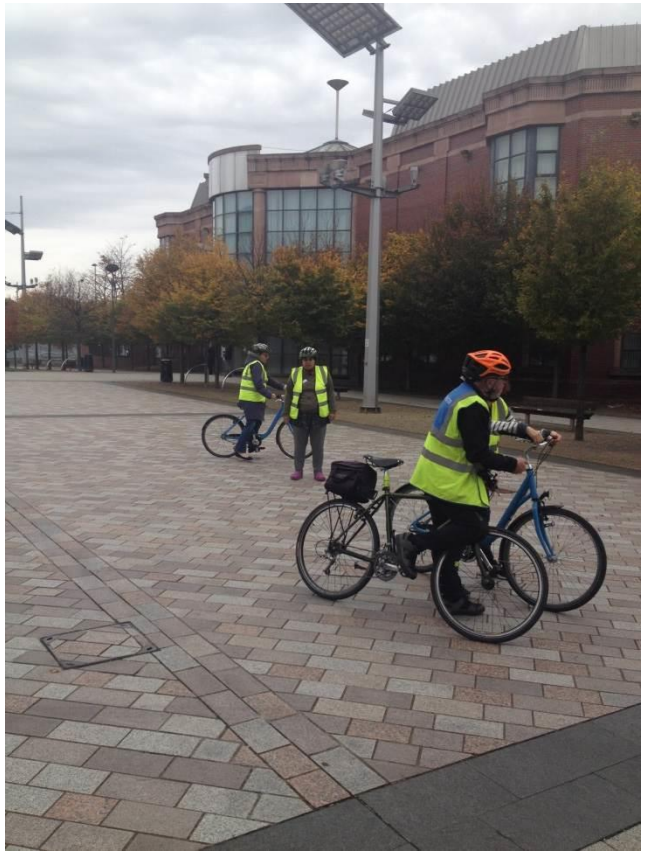

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Want more info ….

- Contact us:
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  - hwcollege.penninecare@nhs.net
  - Follow us on Facebook (health and wellbeing college)
  - katiekay@nhs.net
  - george.edgley@nhs.net

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Questions and discussion

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Lunch and exhibition

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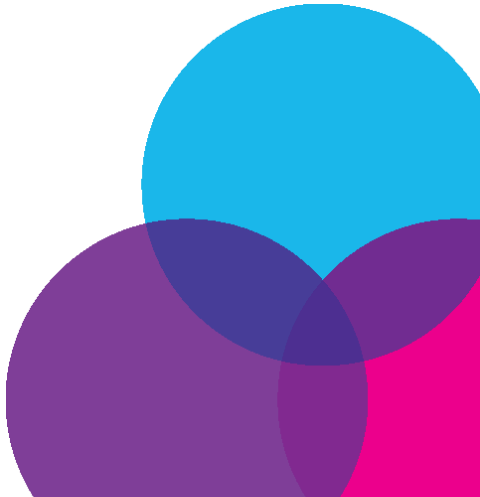
Nottinghamshire Healthcare Recovery College

Rampton campus

Developing Recovery College Campuses within High Secure Services

Presented by:

Amy Day & Tony Mitchell



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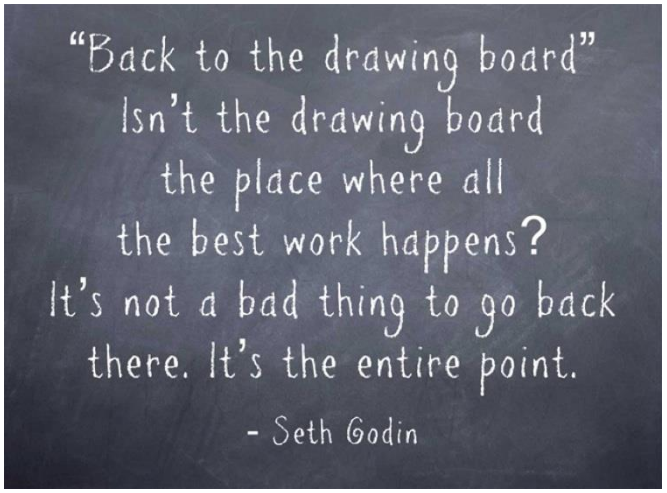
Background story

Who we are and what we did…..



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The next steps

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The re-launch

- Bespoke training course

Giving our patients the **opportunity** to gain the **knowledge** and **skills** to **enable** and **empower** them to be able to co-produce and co-facilitate courses.

- Our first courses

- Co-production – something to work towards?

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Southwell Campus

Mental Health and Learning Disability Campus

- Why does it work so well here

Our example of

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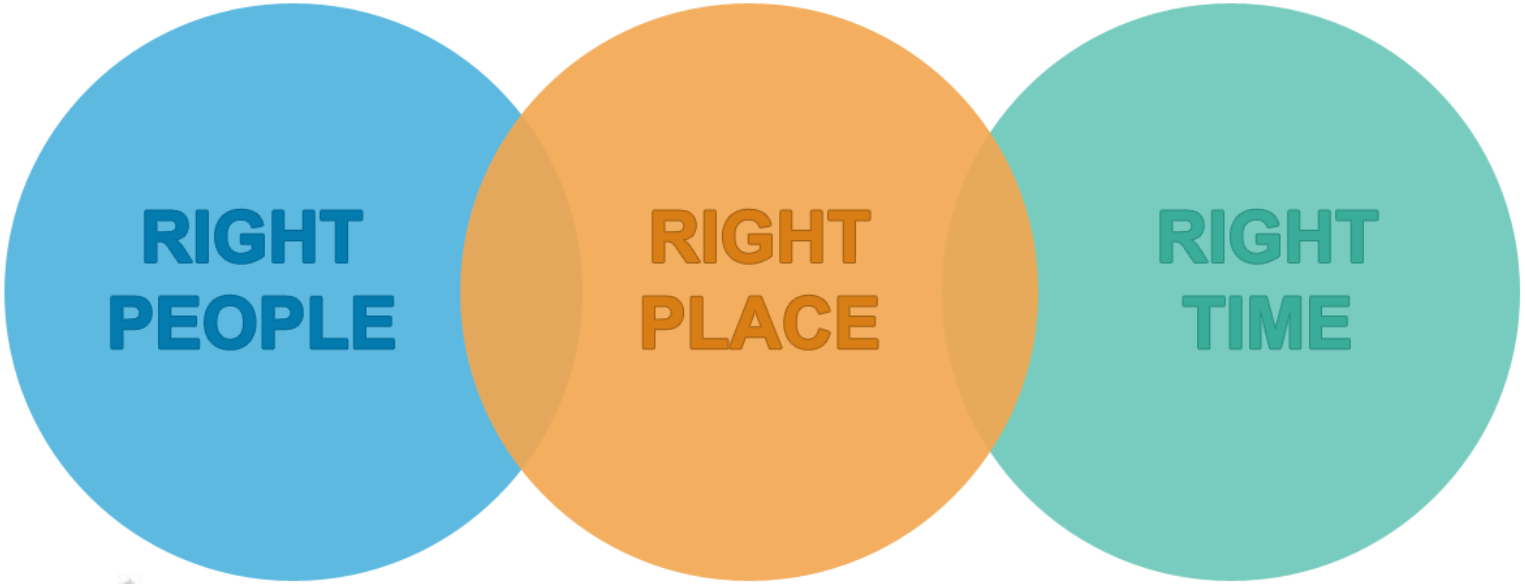
Mental Health and Learning Disability Campus



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Mental Health and Learning Disability Campus

'I learnt more about my voices and that I am not alone with them. I feel able to speak to other people with the same illness as me'

The course has also helped to build my confidence and made me realise that it's not just about me, there's other people who need help. It has also given me the encouragement to put myself on the line to offer my support to others.

Student from the train the trainer course

'The only thing that surprised me was me!
I've never done anything like this before'

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Achievements

- Fully collaborative
- Forensic wide development days
- Hosting international visitors

- 

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Mental Health and Learning Disability Campus

Southwell campus

- Therapy vs
- Challenges
- Sustainable change
- How can we future proof our Recovery College?

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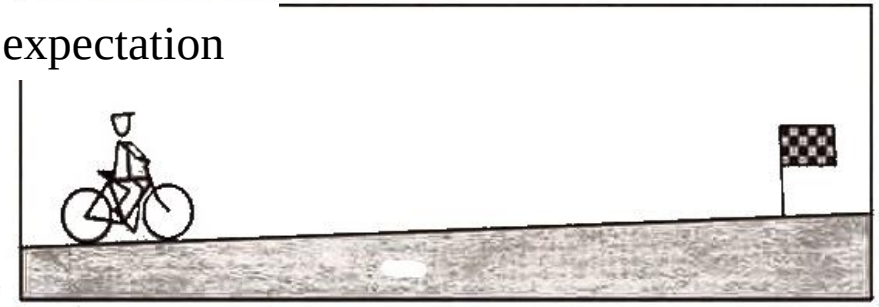
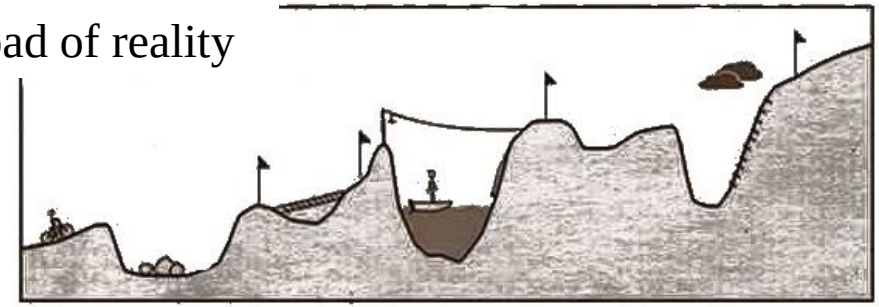
Summaries and reflections

Forensic Recovery College

Initial expectation



The road of reality



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Development & Evaluation of REACH Recovery College South East Essex

REACH
Recovery·Empowerment·Achievement·Community·Hope

Dr Ceri Wilson (Anglia Ruskin University)

Matt King and Jessica Russell (Trust Links)

TrustLinks
www.trustlinks.org

Anglia Ruskin University

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REACH
Recovery·Empowerment·Achievement·Community·Hope

We will cover:

- Background and context to REACH Recovery College
- Evaluation Methods
- Evaluation Results
- Conclusion
- Recommendations from evaluation

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Background and Context

- Recovery College pilot commissioned by CCGs and Local Authorities, commencing September 2016
- Trust Links – independent local mental health charity
- Partnership including Rethink Mental Illness and local partners including Mental Health NHS Trust
- Single unifying brand
- Range of courses
- Co-production

REACH
Recovery · Empowerment · Achievement · Community · Hope

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Evaluation Methods

- Quantitative: SWEMWBS + SIS
- Adapted version of Client Service Receipt Inventory
- Qualitative: Three Focus Groups
- Free text section of questionnaire

REACH
Recovery·Empowerment·Achievement·Community·Hope

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Evaluation Results

- Significant improvement in mental wellbeing and social inclusion
- Increased confidence, reduced anxiety, increased social inclusion
- Indication that outpatient and community care service use decreased
- Need for improvement in communication
- Desire for longer courses

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Conclusion

- REACH is unique configuration for Recovery College
- Independent local charity with partnership approach with NHS Trust and others
- Significant improvements in mental wellbeing and social inclusion

REACH
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REACH
Recovery · Empowerment · Achievement · Community · Hope

Recommendations

- Need for standardisation of processes
- Evaluation should take place later in pilot phase if possible and throughout implementation
- Recovery College needs long term investment
- REACH Recovery College should continue because it supports significant improvements in mental wellbeing and social inclusion

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Thank you for listening!

Dr Ceri Wilson ceri.wilson@anglia.ac.uk

Matt King chiefexec@trustlinks.org

Jessica Russell recoverycollege@trustlinks.org

www.reachrecoverycollege.org.uk

REACH

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Questions and discussion

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Refreshment break and exhibition

NSW GOVERNMENT Health

South Eastern Sydney RECOVERY COLLEGE
Learning and Growth for Mental Health

South Eastern Sydney Recovery College 2014 - 2018

Arna Rathgen – Recovery College Manager

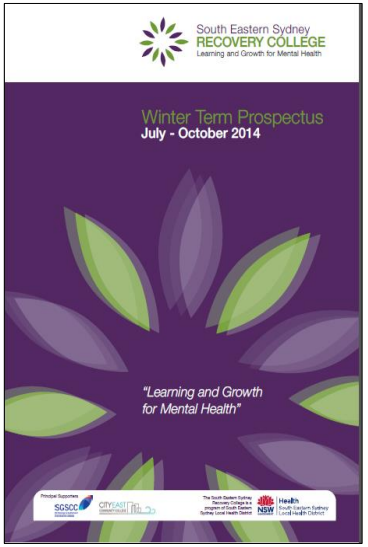
Artwork from Creativity for Recovery Students Term 1, 2018

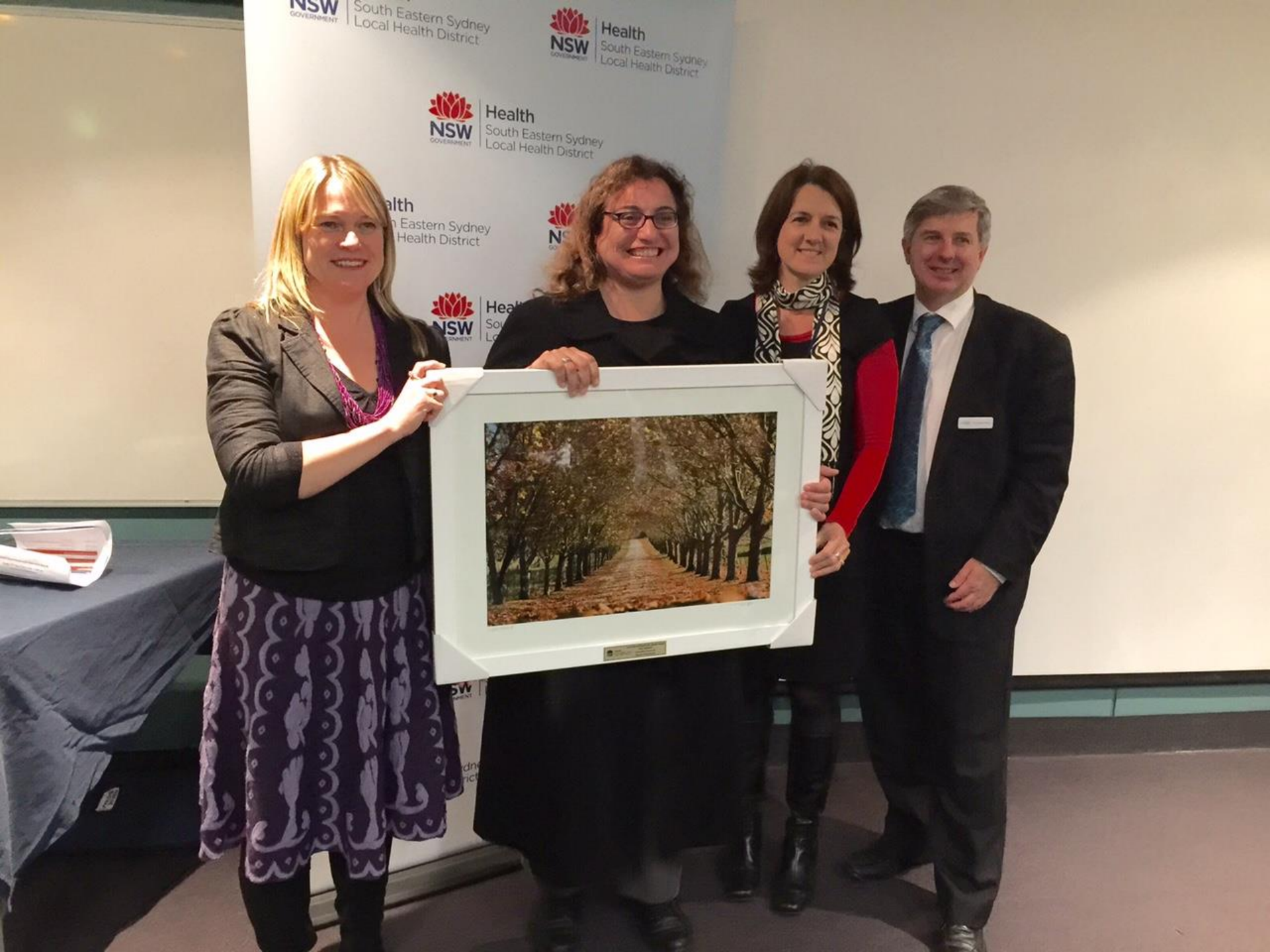
South Eastern Sydney Local Health District Catchment

- 468 square km (50 km from Sydney's CBD towards the south)
- Population 930,000

The Early Days 2014 - 2015

- Innovations in Integrated Care Funding
- Aligned with ImROC Recovery College Model
- Partnerships - Community Colleges
- Co-design workshops
- ImROC Supervision
- Expert Advisory Committee
- Research collaboration with the University of Technology & Peer Researcher
- Manager, Education Coordinator and Administration Officer - 1.5 FTE
- Numerous awards




Health
South Eastern Sydney
Local Health District
NSW

Our Achievements

2015

- Substantive funding (Local Health District)
- Accredited courses
- Hub opened in 2016
- State wide Training

- Partnerships with over 15 organisations
- Work Development Orders – partnership with Legal Aid NSW
- Co-written 105 courses

2018

- First End of Year Achievement Ceremony

Achievement Ceremony

Our Team

- 3.9 FTE-6 employed staff
  - Manager
  - Office Manager (Lived Experience)
  - Education Coordinator (Lived Experience),
  - Senior Peer Learning Advisor/Educator (Lived Experience)
  - Peer Learning Advisor (Lived Experience)
  - Administration Officer (Lived Experience)
- Drug and Alcohol Peer Project Officer & PLA
- Peer Educators – 35 contractors
- Peer Researcher – 1
- Clinical Educators – 67

Our Students

Students Attended	Numbers
Consumer	499
Carer/Family Member	88
Staff & Volunteers	366
Partner Employee	22
Other	6
TOTAL	981

Courses in Community Languages


South Eastern Sydney
RECOVERY COLLEGE
Learning and Growth for Mental Health

NEW COURSE

Course Information Sheet

正念学习班-初级课程（国语）

S020003-MAN　　5 周课程，每周 2 小时

课程日期：
星期四 10 月 18 日
星期四 10 月 25 日
星期四 11 月 01 日
星期四 11 月 08 日
星期四 11 月 15 日

课程时间：上午 10:00 点 – 中午 12:00 点

上课地点：The Recovery College
20/24 Belgrave Street, Kogarah 2217
(入口处位于 KENSINGTON STREET)

课程费用：免费

课程学员：居住在悉尼东南区的居民，优先考虑当地精神卫生健康中心Lai服务的使用者，护理者以及相关工作人员。

课程设置：正念学习班-初级课程（国语）由悉尼东南区社区精神卫生服务部的双语工作人员带领学习。

课程简介：生活中与日俱增的压力，慢性的忙碌与长期一心多用，让我们与当下的自己渐渐疏离。不稳定感、思绪繁多及感觉疲累却难以入眠。如何在快速变幻的时代中仍能安定自我，不被压力吃垮？在学习班中，我们将循序渐进地带您学习正念练习，邀请您一同来学习舒压静心，提升专注和觉察力的方法，学习善待自己，从内心培养安定与喜悦。

需更好了解课程信息或者报名课程，欢迎致电
St George Community Mental Health，与双语工作人员 Loy 或 WanQing 联系。
我们电话：9553 2500
办公时间：8.30-4.30

- Navigating the Mental Health System
  Greek, Arabic, Russian, Cantonese, Macedonian, Spanish and Nepalese
- Introduction to Mindfulness
  Greek, Arabic, Macedonian and Mandarin
- Making Mindfulness Your Own
  Greek and Arabic
- Your Recovery Journey
  Greek

Courses in Community Languages


ARABIC

South Eastern Sydney RECOVERY COLLEGE
Learning and Growth for Mental Health

إستمارة تسجيل
(يجب أن يملأها المستهلك وأفراد العائلة ومقدمو الرعاية)

Student Number (Office Use Only)

إستمارة تسجيل

١ اقرأ بعرض منشور كلية التعافي، الخاص بمنطقة جنوب شرقي سيدني

٢ اختر الدورة/الدورات التي ترغب في متابعتها وتحديها بالتسلسل حسب أفضليتك

٣ املأ إستمارة التسجيل وقدمها بأي من الوسائل التالية:
بالبريد - Level 2, 11 South Street, Kogarah NSW 2217
بالهاتف - 9113 2081
بالبريد الإلكتروني - recoverycollege@seslhdnsw.health.nsw.gov.au

معلومات عن الطالب

اسم العائلة
الاسم الأول:
العنوان:
الرمز البريدي: الضاحية: الرمز البريدي:
الهاتف المنزلي: تاريخ الميلاد:
البريد الإلكتروني:
كيف تفضل أن يتم الاتصال بك؟ هاتفياً بالبريد الإلكتروني حافلة (يرجى التحديد)

معلومات تساعدنا على دعمك

ما هي الدورات التي ترغب في أن تحضرها؟ (يرجى ذكر ثلاثة بها بحسب أفضليتك)
الأفضلية الأولى
الأفضلية الثانية
الأفضلية الثالثة

لا يضمن التسجيل في "كلية التعافي" ملتحقاً دراسياً لك إلا بخضوع جميع الدورات إلى توفرها، وتوجد فترة انتظار للدورات التي يكثر الطلب عليها.

وسائل الاتصال في الحالات الطارئة، مثلاً، فرد من العائلة أو صديق. إلخ - هذه المعلومات إلزامية
الاسم: الصلة: الهاتف:

كيف سمعت بـ"كلية التعافي"؟ (يرجى وضع إشارة ✓)
فرد من العائلة/صديق موظف في الصحة العقلية منشور/الإنترنت كلية مجتمعية (Community College)
حافلة (يرجى التحديد): موظف دعم من NGO:

ما هي علاقتك بـ"كلية التعافي"؟ لتتأهل للتسجيل في "كلية التعافي"، يجب أن تستوفي أحد الشروط التالية (يرجى وضع إشارة ✓)
شخص حالي لخدمة/منطقة صحية محلية (جنوب شرقي سدني - يرجى التحديد: Eastern Suburbs, St George, Sutherland)
شخص (فرد من العائلة/ملتم رعاية/صديق) يدعم مستخدماً حالياً للخدمة
شخص (فرد من العائلة/ملتم رعاية/صديق) يدعم شخصاً يسكن في منطقة جنوب شرقي سدني (يرجى التحديد: Access, Partner's in Recovery, Neami, طبيب نفسي خصوصي, أخصائي نفسي خصوصي, حافلة)
شخص يعاني من مرض أو اضطراب عقلي ويسكن ضمن المنطقة الصحية المحلية (جنوب شرقي سدني) لكنه ليس مستخدماً حالياً لخدمة الصحة العقلية التابعة (جنوب شرقي سدني)
هل لديك ✓ ملفات الإحالة الخاصة بك، جهة التقديم خدمة الصحة العقلية

إستبيان - اختياري وسري

سوف يساعدنا الإستبيان التالي على ضمان استفادة مختلف أفراد المجتمع من دورات "كلية التعافي". وسوف تساعدنا المعلومات المتعلقة بالتوظيف والتعليم في تقييم خدماتنا وفي تقديم الطلبات للحصول على التمويل المستقبلي. إن ملء الإستبيان اختياري وسري تماماً وليست مطلوباً للإجابة على الأسئلة إذا لم تكن ترغب بذلك.

هل تحدث: إنجليزياً من حين لآخر بالبيت نعم لا
هل تعاني من إعاقة: نعم لا
بلد المولد: اللغة التي تتكلمها في المنزل: الأصل العرقي:

أي من الصفات التالية تشير إلى وضعك الوظيفي الحالي؟ (ضع إشارة ✓ مقابل الإجابة المناسبة)
أعمل بدوام كامل أعمل بدوام جزئي أعمل بدوام اختياري أعمل عملاً موقوتاً أعمل كشخص يقدم الدعم
لا أعمل، ليست لدي رغبة في العمل بوظيفة مدفوعة الأجر لا أعمل، ليست لدي رغبة في العمل لا أعمل بدون أجر، لا ليست لدي رغبة في العمل طالب

هل أكملت بنجاح أي من المؤهلات العلمية التالية؟ (ضع إشارة ✓ مقابل الإجابة المناسبة)
إجازة بكالوريوس أو إجازة أعلى دبلوم متقدم/ أو إجازة مشاركة دبلوم/ أو شهادة مشاركة الشهادة الثالثة
الشهادة الثانية الشهادة الأولى مؤهلات تربوية متفرقة (يرجى التحديد): لا مؤهل علمي مما ذكر أعلاه أفضل عدم الإفصاح عن مؤهلاتي

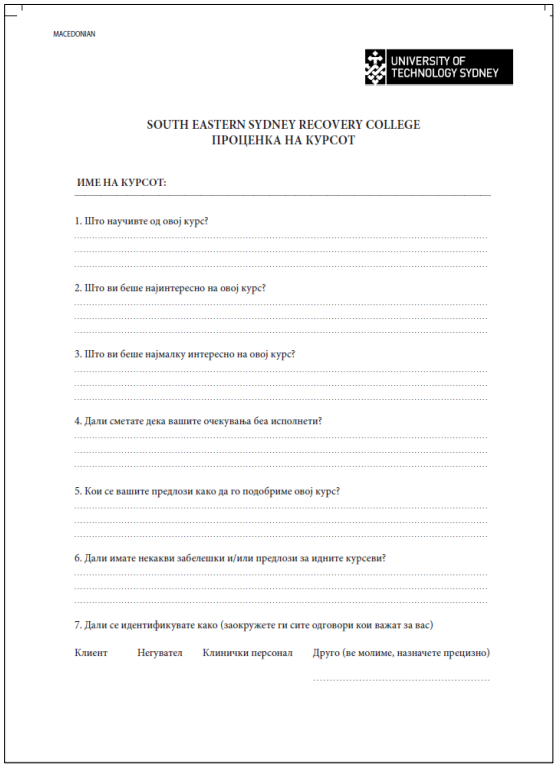
ما هو أعلى صف أكملته في المدرسة؟ (ضع إشارة ✓ مقابل الإجابة المناسبة)
الصف ١٢ الصف ١١ الصف ١٠ الصف ٩ الأدنى من الصف ٩ أفضل عدم الإفصاح عن مؤهلاتي

هل لديك حالياً: نعم لا إذا كانت الإجابة بنعم، هل لديك (ضع إشارة ✓ مقابل الإجابة المناسبة): بدوام كامل بدوام جزئي

الجنس: ذكر أنثى مغاير الهوية الجنسية أفضل عدم الإفصاح عن مؤهلاتي
هل أنت تقاني الجنس؟ نعم لا أفضل عدم الإفصاح عن مؤهلاتي
هل تعتبر نفسك: متخنثاً الجنس مغاير الجنس مغاير الجنس حافلة (يرجى التحديد): أفضل عدم الإفصاح عن مؤهلاتي

توقيع الطالب: التاريخ:

- 293 students enrol
- 28 courses in languages other than English


MACEDONIAN

UNIVERSITY OF TECHNOLOGY SYDNEY

SOUTH EASTERN SYDNEY RECOVERY COLLEGE
ПРОЦЕНКА НА КУРСОТ

ИМЕ НА КУРСОТ:

1. Што научивте од овој курс?
2. Што ви беше најинтересно на овој курс?
3. Што ви беше најмалку интересно на овој курс?
4. Дали сметате дека вашите очекувања беа исполнети?
5. Кои се вашите предлози како да го подобриме овој курс?
6. Дали имате некакви забелешки и/или предлози за идните курсеви?
7. Дали се идентификувате како (заокружете ги сите одговори кои важат за вас)

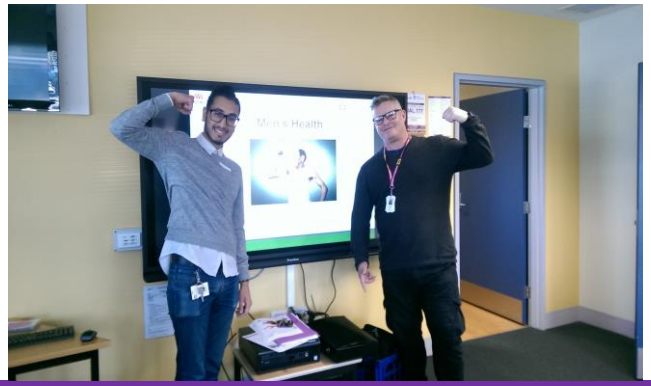
Клиент Негувател Клинички персонал Друго (ве молиме, назначете прецизно)

LGBTIQ Courses and Partnerships

- LGBTIQ Mental Health & Social Justice
- Journeys in Gender, Sex & Sexuality: From Surviving to Thriving
- Partnership with ACON and Albion Centre

Drug and Alcohol Wellbeing Project

- Funding 2017 - June 2019
- Contracted Peer Project Officer, Peer Learning Advisor and Educators
- Eligibility was extended to include people who experience drug and alcohol concerns (project funding)
- 9 new courses co-written and co-facilitated



Our Outcomes

Focus Group Study, 4 key themes identified & paper published:

Sommer, Gill & Stein-Parbury (2018) "Walking side-by-side: Recovery Colleges revolutionising mental health care", Mental Health and Social Inclusion, Vol. 22 Issue: 1, pp.18-26

Goal Attainment Study - Students set SMART goals during Student Learning Plans which are facilitated by a Peer Learning Advisor (PLA)

- 70% of goals fully or partially achieved
- RC can effectively support personal goal achievement, PLAs key to this success
- Article submitted for published

Goal Attainment Scale

Goal Category	n =	% of total goals	Fully or partially achieved
Mental Health and Well-Being Goals	44	18%	82%
Educational Goals	41	17%	80%
Financial Goals	4	2%	75%
Social and Personal Relationships	43	18%	72%
Physical Health Goals	43	18%	67%
Employment Goals	54	22%	63%
Housing Goals	5	2%	40% *
"Other" Goals	11	4%	73%
Average			69%
Average [-housing related goals]			73%

Economic Evaluation

- Before & after analysis to examine:
  - Community Mental Health Service (MHS) utilisation
  - Hospitalisations
  - Emergency Department presentations

- Goal attainment, self assessed health, self assessed MHS utilisation, education & employment

- Recovery College costs & service usage

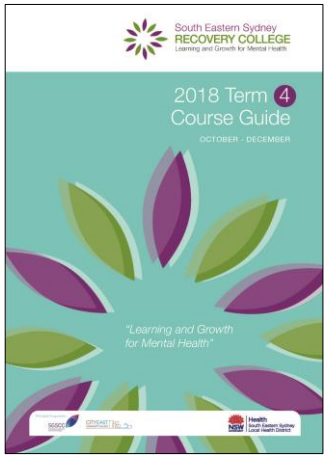
Economic Evaluation Outcomes

- ***Statistically significant*** ↓ in ED presentations & inpatient bed days
- ***Statistically significant*** ↓ in self-reported community MHS usage
- Significant factors were the ***overall time involved as a student***, not number of courses attended
- ***Statistically significant*** ↓ in unemployment & ↑ in casual employment
- Recovery College costs and potential net savings still being calculated – early figures promising

Our Future

- Collaboration with Aboriginal community
- Courses for young people
- Rebranding – Recovery and Wellbeing College
- Annual Course Guide
- Economic Evaluation article and further research

“I have been waiting for a magic person to come out of the air to tell me what to do. RC is teaching me it has to come from me, not someone telling me what to do.”



Arna.Rathgen@health.nsw.gov.au
www.seslhd.health.nsw.gov.au/Recovery-College
SESLHD-RecoveryCollege

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What I learned at the Recovery College

Dr Anna Ludvigsen

BSc(hons) BMBS MRCPsych PGDip

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What I learned at the Recovery College

- Core Trainee in Psychiatry
- Part of the ‘Person Centred Care in Psychiatry Education Scoping Group’ at the Royal College of Psychiatrists
- Wanted to find ways trainee psychiatrists could learn from people with lived experience

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What I learned at the Recovery College

- I engineered a visit to the local Recovery College
- I didn't think there was anything I could really learn
- I was surprised when I did!

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What I learned at the Recovery College

- When, as a Dr, I share my own uncertainty and vulnerability it can sometimes allow others to do the same – this fundamentally changes the way we see each other
- My perspective and expertise only represents one ‘truth’

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What I learned at the Recovery College

Dr Anna Ludvigsen

BSc(hons) BMBS MRCPsych PGCert

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Questions and discussion

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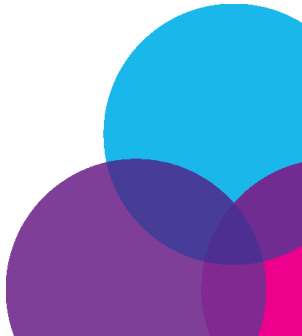
Recovery Education;
What Does the Future Hold?

Julie Repper

Director

ImROC



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