Research, Development and Advocacy

Establishment of the Mind Recovery College

Sarah Pollock, Robyn Callaghan and Craig Hodges

October 2013

Contents

Executive summary

This paper presents the concept for the establishment of a recovery college in the Australian context.

Originating in the United States (US) and United Kingdom (UK), the recovery college model expands the range of options for supporting individual recovery through the application of educational theory to established theory and practice about recovery. Functioning like a regular adult educational establishment and led by a director, the college will offer courses to students to assist them develop skills and knowledge they identify as important in their recovery. Students will be able to identify their own learning needs and choose from a suite of courses, or request the development of a new course if one does not already exist. Courses will be delivered by experts in the content area who have also undertaking training in recovery-oriented practice. Students will have access to a learning support advisor who will assist them develop an individual learning plan, relating to the goals that they identify for their recovery, and keep track of their progress with them. Governance arrangements will be put in place to ensure a high quality educational experience that achieves health and well-being outcomes for students.

People with a lived experience of mental ill-health and recovery will be able to play a role in every aspect of the college. As well as being able to enrol as students, at least half of the teaching staff will have a lived experience, as will the learning support advisors.

The co-production of college activities is at the core of the model which brings together the expertise of people with a lived experience in their own and others' recovery and the expertise of the professional mental health and education knowledge-bases. By recognising and valuing an individual's lived experience as valid knowledge equal to professional expertise, it is possible to re-orient mental health service delivery to genuinely recovery-oriented practice, in which people with a lived experience are able to determine their own futures and build a meaningful life for themselves.

The education platform centres learning and development as the key mechanisms for achieving health and well-being outcomes. Education provides a theoretical framework that does not assume an individual deficit that needs to be remediated, but looks at building capabilities as a means of achieving individually meaningful and purposeful lives.

Mind proposes to establish the college over a three-year period, with full operational sustainability within five years. This timeframe has been developed to coincide with the implementation of the National Disability Insurance Scheme (NDIS).

1. Purpose and rationale

The aim of this paper is to provide the relevant background information for the establishment of a recovery college and some of the issues to be considered in developing the model within an Australian context. This paper addresses the following areas:

- recovery oriented practice;
- education as a platform for recovery;
- the development of recovery colleges overseas;
- engagement and role of people with a lived experience;
- the policy context in Australia and overseas;
- outcomes sought from the recovery college, and
- a recovery college model for Mind.

This paper draws on recent literature pertaining to services using education as a component of supporting recovery, with particular reference to recovery colleges. It also seeks to identify a range of organisational issues for consideration as part of the establishment of a recovery college.

2. Recovery oriented practice

Nationally and internationally, recovery continues to gain a foothold as the key organising principle for the delivery of services and supports to people with mental health issues. It is used to frame the organisation of mental health services in New Zealand, the United States, Ireland, Scotland and in an increasing number of health trusts elsewhere in the United Kingdom. Australia adopted a recovery orientation to the delivery of mental health services in 2003 and the development of a national framework is currently underway.

At the heart of 'recovery' is a set of values about a person's right to build a meaningful life for themselves, with or without the continuing presence of the symptoms of their illness. It is based on ideas of self-determination and self-care, and the importance of hope in sustaining motivation and supporting expectations for a personally meaningful life. Personal recovery supports people to build and sustain self-defined, purposeful lives and identities, and as such it is a diverse personal and social experience. As one writer has defined it, personal recovery means *'reclaiming…his or her right to a safe, dignified and personally meaningful and gratifying life in the community'* with or without the symptoms of mental ill-health[1].

Personal recovery is different from clinical recovery, which is usually defined as a reduction or ceasing of symptoms and a repairing of or regaining of social functioning. Clinical recovery can contribute to personal recovery and community-managed mental health services, including Mind, actively support clients to access treatment and other appropriate interventions that are consistent with recovery values and principles.

Mind adopted a recovery framework for its activities in 2005, and published an updated 'Model of Recovery Oriented Practice' in 2012. Five key principles were developed: Supporting personal

[1] Davidson, L., Tondara, J., Staehell-Lawless, M., O'Connell, M. & Rowe, M., (2009), *A practical guide to recovery-oriented practice*, OUP, New York.

recovery and promoting well-being; delivering services informed by evidence and consistent with a social model of health; proactive and purposeful engagement to build trusting relationships; ensuring our practice is sensitive to the needs of families and carers and working in partnership with other organisations. The development of the recovery college model is a key strategy in furthering Mind's commitment to supporting and promoting recovery and expands the range of choices available to people to support their recovery.

People with a lived experience of mental ill-health and recovery have played a central role in the development and adoption of recovery as a way of talking about the 'recovery journey'. The recovery discourse emerged in the 1980s from a strong consumer movement, in particular in the US and UK. This discourse was founded on the experiences of individuals who disclosed their mental health struggles and who gave individual voice to the collective experience of people who had been part of the consumer/psychiatric survivor groups in the US. This 'coming out' had a major influence and set the ground for many people around the world to safely come out with their own stories. The emergent discourse legitimated people's experiences of mental ill-health and recovery, including their experiences of mental health service systems. This began to challenge the dominant biopsychosocial and medical paradigms of mental illness and symptom treatment and management. As this new knowledge was recognised and valued, people funding, designing and delivering services began to collaborate with those using services to develop methods that supported and promoted recovery. These continue to be developed and applied in diverse service contexts relevant to the country, locality and time.

One of the challenges identified in the recovery literature is how to translate a conceptual or experiential understanding of recovery into practices that can be applied in mental health organisation settings. Changing an organisation's service delivery to adopt recovery oriented practice presents a significant challenge to many providers[2]. A professional-expert discourse has traditionally shaped (and been shaped by) the practices of the service system, and this makes it difficult for providers to think beyond the possibilities this discourse makes available. A knowledge base for service development and delivery is required that recognises the expertise of people with a lived experience in their own and others' recovery. Only by recognising and valuing an individual's lived experience as valid knowledge equal to professional expertise, will it be possible to re-orient mental health service delivery [3].

The community-managed mental health sector is well-placed to undertake a leadership role in developing recovery-oriented models of practice that draw on the expertise of people with a lived experience. The challenge remains for mental health organisations to deliver recovery-oriented services that are not just based on principles but grounded in practices that promote wellbeing and promote the recovery process for people who choose to engage with those services. Slade and colleagues argue:

[2] Le Boutillier, C., Leamy, M., Bird, V.J., Davidson, L., Williams, J., Slade, M., (2011), *What does recovery mean in practice? A qualitative analysis of international recovery-oriented practice guidance*, Psychiatric Services, Vol; 62(12):1470-6.
[3] Perkins, R., Slade, M. (2012) *Recovery in England: Transforming statutory services?* International Review of Psychiatry, Vol; 24(1): 29-39.

> *"Does the very existence of a mental health system inhibit the development of a socially inclusive society, by reinforcing a distinction between people with and without mental illness? More prosaically, how in practice do we make the transition from crisis-driven clinical services to a broad range of supports, resources and opportunities that facilitate recovery and wellbeing"*[4].

Recovery colleges are a co-produced model that provides an educational platform to support recovery. By expanding the options for support that are currently available, the model can potentially provide meaningful engagement and discernible outcomes for people with a lived experience.

3. Education as a platform to support recovery

A recovery orientation shifts the emphasis in service delivery from crisis intervention to thinking more broadly about options that enhance people's autonomy and self-determination in the ways their recovery is supported. The active involvement of people who use services in the design and delivery of services is a key element of this way of thinking about services and supports. Learning and skills acquisition to support self-determination and community development have been important in shaping many recovery oriented services, particularly those originating in the US. This shift has resulted in people living with mental ill-health engaging in a broad range of new opportunities for learning in areas of interest to them and most importantly, determined by them. There are a number of elements that can be identified in existing models that are based on learning and skills development including:

- Knowledge: gaining new knowledge so people make use of their talents and resources and achieve their aspirations;
- Skills: assisting people explore possibilities and developing skills;
- Learning environment: being in an environment that is safe and free from stigma, so that people can learn;
- Relationships: learning with and from peers in a safe environment that supports connectedness;
- Support strategies: supporting people's learning so they can achieve their goals and ambitions;
- Trust: enhancing people's capacity to develop relationships of mutual support and influence; and
- Hope: providing people with a sense that they are not defined by their illness, but by their strengths and abilities.

As a mechanism for personal and community development, an education platform for recovery works to raise awareness of the possibility of recovery from mental ill-health amongst individuals, families and the community at large. It also harnesses people's strengths and capacity to pursue better health and wellbeing. At its core, a recovery college provides an opportunity for people with a lived experience to identify their own learning needs in relation to their personal recovery journey

[4] Slade, M., Adams, N., O'Hagan, M. (2012) Recovery: Past progress and future challenges. *International Review of Psychiatry* Vol 24(1): 1-4

and choose from a suite of courses that have been co-produced by people with a lived experience and others. Students can also identify new courses for development where such courses do not already exist, choosing to take part in course development if they want to.

Two fundamental principles are the active involvement of people with a lived experience to shape and influence the service model as it develops and is implemented, and the focus on the outcomes that people seek from an education and development experience. There is the expectation that people with a lived experience will be involved in all aspects of college life, including in administration and curriculum development and as teachers and learners. Secondly, by providing an educational experience oriented towards personal growth and recovery, the model offers a complement to standard, professionally-led approaches to services and supports for personal recovery.

4. The development of recovery colleges in the US and UK

The concept of a recovery college, or recovery centre as they are sometimes called, appears to have originated in the consumer movement in the US around the early to mid-1990s through the establishment of pioneering programs in Boston and Vermont. The Boston program includes a very strong focus on peer workers as leaders within the recovery centre and is located in accommodation on the Boston University campus. The Vermont program, The Main Place, is a consumer-operated recovery centre that promotes recovery through peer support, socialization, education, and training. These services played a critical role in informing the development of similar programs around the country, for instance META Services Inc. in Phoenix, Arizona. Following a visit to the program in Vermont and the introduction of a consumer-consultant to the organisation's management team, the service established a recovery education centre as a means of reinforcing and developing people's strengths rather than focussing on what was 'wrong' with them[5].

In the UK, recovery colleges have developed as part of the reform agenda of the national mental health strategy *No Health Without Mental Health*[6]. Since the launch of the strategy at least four National Health Service (NHS) Trusts have commissioned the establishment of recovery colleges. Whilst solidly grounded in principles of recovery, each of the colleges has evolved their program locally with significant input and leadership from people with a lived experience, and there are operational differences between settings.

The Nottingham Recovery College opened its doors to students in around twelve months ago and now has over 1,000 students. The College has made a commitment to accept people as students, including those who are currently experiencing mental distress and/or trauma, including the effects of psychosis. Around 20% of students are not connected with mental health services in any way. They have incorporated an evaluation framework that combines a personal goal attainment scale

[5] Ashcraft, L. & Anthony, W. (2005) Do your services promote recovery? *Behavioural Health Care Tomorrow*: Vol 14 No 2. April 2005.
[6] Department of Health (2011) *No Health Without Mental Health: A Cross Government Mental Health Outcomes Strategy for People of All Ages.* London: HM Government.

and the social inclusion web tool[7] so that students can track their own recovery and the college can collect data about the overall effectiveness of the model[8].

In a briefing paper on the Nottingham Recovery College, Perkins and colleagues highlight the core features of their model as:

- Co-production between people using (or potentially using) services and those providing services in all aspects of the college's business;
- it operates on college principles;
- it is for everyone;
- there is a central base (building with classrooms and a library where people can do their own research), with additional delivery at 'satellite' locations;
- there is an individual learning advisor who offers information, advice and guidance to students of the Recovery College;
- the college is not a substitute for traditional assessment and treatment;
- it provides a complement rather than a substitute for mainstream colleges; and
- it reflects recovery principles in all aspects of its culture and operation[9].

Regardless of the form any particular recovery college takes, common themes remain the focus on recovery through hope, the promotion of autonomy and ability to influence and manage one's environment, a positive approach and seeking to achieve a range of constructive social and educational outcomes. Each example constructs a practice that combines principles of adult learning with recovery principles to expand the choices for support for people with mental ill-health, and provide an option that has not been available through previous approaches to mental health service development and delivery.

5. Theoretical approaches underpinning recovery college models

The theoretical underpinnings of the various examples of recovery colleges in the US and UK are historically and contextually contingent. This variation depends on when they came into being (i.e. related to the emergence of the recovery discourse) and understandings and practices guiding consumer activism and service development. Regardless of these differences, there appear to be three interlinked theoretical strands:

- rehabilitation and recovery;
- adult education and skills development, and
- health inequalities and rights-based health development.

Early examples, for instance the Boston Recovery Centre, were built on psychiatric rehabilitation principles and practices in conjunction with the 'recovery' values of self-determination, personal growth, hope and empowerment. The Boston model was influenced by the trans theoretical model

[7] National Social Inclusion Program. *Outcome Indicators Framework for Mental Health Day Services*. http://www.socialinclusion.org.uk/publications/DSdoccover1.pdf Accessed 4th September 2012.
[8] A more detailed description of the Nottingham Recovery College program is provided in Appendix A to this paper
[9] Perkins, R., Repper, J., Rinaldi, M., Brown, H. (2012) *1. Recovery Colleges Briefing.* Centre for Mental Health; NHS Confederation Mental Health Network. http://www.centreformentalhealth.org.uk/news/2012_Recovery_Colleges.aspx Accessed 18th June 2012.

developed by Prochaska and Diclemente, who introduced the stages of change construct[10], widely used in psychiatric rehabilitation and drug and alcohol fields and complementing the focus on readiness or intention to change that has featured prominently in recovery services[11].

Educational theory offers understandings of the way in which adults learn, and has given rise to broadly accepted principles for adult education. These emphasise the importance of activities that capitalise on the strengths of participants, challenging adults to move to increasingly advanced stages of personal development, and giving learners as much choice as possible within the educational setting[12]. Educational approaches include ways to develop new knowledge, skills, values and behaviours that can lead to a greater sense of autonomy and ability to manage one's mental health status, in keeping with a recovery orientation[13]. Applied to the recovery college context, educational theory supports the principle that individuals who are able to build their capabilities will be able to better self-manage their recovery journey.

The social model of health incorporates an understanding of the impact of socio-economic factors on overall health status. It is concerned with the relationship between the distribution of social and economic resources and health outcomes in populations. Epidemiological research on the distribution of disease in populations shows that health is distributed unequally within and across groups. The burden of disease, particularly chronic disease, is greatest amongst groups who experience disadvantage, marginalisation and exclusion. People in these groups are less likely to enjoy good health than others. Within the social model, health is understood not merely as the absence of disease, but as a state of complete physical, mental and social well-being where an individual or group must be able to identify and to realise aspirations, to satisfy needs, and to change or cope with the environment[14]. People living with severe and enduring mental ill-health have a poorer overall health status, including physical health, than the mainstream population[15].

The uneven distribution of health is referred to as health inequality, and results from two key factors. The first relates to people's barriers to accessing resources necessary to securing and maintaining good health, including secure housing, stable employment, adequate income, education and social inclusion. The second relates to people's barriers to accessing services that support health, including health services and a broader range of services available to communities that impact on health, for example, transport, community-based supports.

Associated with the social model of health, rights-based approaches to health development are set out to tackle health inequalities by enabling people to increase their access to resources and control and to improve their health as an outcome. Through developing their capabilities (including their access to appropriate health care), people are better able to manage their own care and well-being and make decisions that are in their own best interests. This approach to health development thus recognises people's right to personal autonomy and self-determination and acts bilaterally to:

[10] Prochaska, J.O., DiClemente, C.C. (1982) *Transtheoretical therapy: Toward a more integrative model of change. Pscychotherapy: theory, research and practice*, 19: 276-288.
[11] Dunn et al, *op. cit.*
[12] Cross, K. P. (1981). *Adults as learners.* San Francisco: Jossey-Bass.
[13] Dunn et al, *op. cit.*
[14] *The Ottawa Charter for Health Promotion* (1986) http://www.who.int/healthpromotion/conferences/previous/ottawa/en/index.html. Accessed 25th June 2012.
[15] Vicserv, *Health inequalities: policy and practice failure,* Pathways to Social Inclusion series (2008), Melbourne.

- Build individuals' capabilities so they can better manage their own lives, and
- Advocate for policies that provide more equitable social and economic arrangements, including the extent to which people have control over decisions that affect them.

These different theoretical frameworks have, in some combination, informed the development of existing recovery colleges. In thinking about the development of a recovery college for the Australian context, it is important to consider the applicability of different theoretical approaches to the local policy context and expectations of service users and community. In Australia, primary health care has not necessarily been utilised as a vehicle for health promotion for people living with a mental illness. Prominent mental health commentators have recently argued that in both primary care and mental health, not enough emphasis is placed on a skills-based management approach to the mental health problem, and that the focus is too much on symptom management[16].

6. Policy context

Understanding the policy context within which the recovery college model has evolved is important, as it has clearly influenced the approach taken by the respective service providers in developing and shaping their services according to the policy parameters of the time.

In the US, the model drew out of a coalition of influences, one of which was the voice of the consumer movement whose message was that traditional mental health treatment services were not always meeting their needs. The recovery college concept was gathering momentum at a time when significant structural changes were occurring between health insurance companies and the Health Maintenance Organisations (HMOs) concerning the choices customers had regarding their health provider and the types of services insurance companies were willing to fund.

The establishment of recovery colleges in the US provided mental health agencies with an opportunity to generate funds through both Medicare and Medicaid, and to use peer support workers to deliver services that were reimbursable through the two key funding streams. These changes not only created a new service with an emphasis on recovery through educational outcomes involving people with a lived experience in all aspects of development and delivery, it also provided a revenue stream, enabling the organisations to build their capacity and expertise in the application of education to recovery.

In the UK, over the past ten years there has been a significant reform agenda that has been guided by policy changes in primary and tertiary health care. The establishment of the National Health Service (NHS) Trusts provided more control at the local level in determining the types of services that were required to best meet the health needs of the local population, including mental health services. It is noteworthy that health development in the UK has a long history of local control and consumer engagement dating back to the inception of the NHS in 1948.

NHS Trusts were given authority to commission new or reformed services that were in line with national policy and the service requirements of health needs locally. The strength of this approach was that Trusts were governed by a broad range of disciplines, not just those from the medical profession. There was also a strong consumer voice within the Trusts. Commissioning of services

[16] Hickie I. National Health Reform: It's time for a decision (2009) *Medical Journal of Australia*, 191(7): 382-383.

included primary health care, hospital and mental health services. To date, the recovery colleges established in the UK came into being as a result of the needs identified within the local NHS Trust.

There are three different areas of current public policy in Australia that are relevant to the recovery college model: mental health (specifically recovery), chronic disease management and adult education. These are addressed briefly in the remainder of this section.

The current mental health policy context within Australia has placed recovery principles and practice at the forefront of mental health service delivery with the development of the:

- Victorian Framework for Recovery Oriented Practice launched in 2011; and
- National Mental Health Recovery Framework to be launched in late 2012.

Whilst these policies may have been recently developed, many mental health organisations within Australia have adopted a recovery framework as part of the service delivery approach prior to the development of these policies. In the National Mental Health Plan 2003—2008, there was a specific focus on recovery and that a recovery orientation should drive service delivery. In the 2009—2014 National Plan, priority area one is social inclusion and recovery. The plan emphasises the importance of providing more co-ordinated care across the health and social domains coupled with improved health and social outcomes for people living with a mental illness.[17]

Contemporary chronic disease management policies draw on population-level approaches to health inequalities and include an emphasis on the self-management of chronic conditions. The World Health Organisation's framework for the innovative care of chronic disease identifies self-management as one building block for effective health care organisations. Specific policies in the Australian context include:

- The Sharing Health Care Initiative (Department of Health and Ageing) represents an investment in a range of self-management education interventions aimed at improving health-related quality of life for people with chronic disease. Under this strategy, interventions are designed which encourage people to use the health care system more effectively and which enhance collaboration between individuals, their families and carers and health care professionals in the management of chronic disease, and
- The Victorian Care in Your Community initiative includes program guidelines for primary care partnerships and community health services that emphasise the importance of self-management within an integrated chronic disease management framework.

Whilst mental illness is often included in the group of chronic diseases targeted by these interventions, there is little focus on people with mental illness – particularly those with severe and enduring mental ill-health – as a distinct population group at high risk of other chronic (physical) health conditions. As VICSERV notes, "It is as if people with mental illness need only to deal with their mental illness and nothing else."[18] Additionally, few interventions use peer-led or co-produced models of practice, and tend to be based on professional expertise relating to understandings of and

[17] Commonwealth of Australia (2009) *Fourth National Mental Health Plan*. http://www.health.gov.au/internet/main/publishing.nsf/content/$File/plan09v2.pdf Accessed 16/07/12
[18] VICSERV, *Health inequalities: policy and practice failure,* Pathways to Social Inclusion series (2008), Melbourne.

responses to illness and disease management. Evidence from a systematic review of international literature relating to chronic disease self-management programs suggests that peer-led programs appear to be as successful as professionally-led ones, but can be run at lower cost[19]. The same study noted that there was insufficient evidence for education for disadvantaged population groups, and that further research was needed into interventions that were effective for under-served groups.

In Victoria, Learn Local is the initiative for adult and community education, and focuses on people over compulsory school leaving age, with a particular emphasis on those who had limited prior access to education. Policy combines a local focus with an emphasis on the development of skills for further study (i.e. gaining qualifications) and/or employment. Over 300 providers are funded across Victoria, and courses are developed and delivered which are appropriate to the local context and derived from needs identified within local communities[20]. Learn Local providers may be organisations with a particular educational focus, for example, basic literacy (such as some of the neighbourhood houses), or be larger organisations offering a range of pre-accredited and accredited courses (such as the Council for Adult Education).

Whilst people who have had limited access to education are the target audience for Learn Local programs, and people with mental health issues may be amongst student cohorts, there is no specific focus on people with mental health issues, particularly in the context of their recovery. Accordingly, curriculum content is not specific to the development of recovery capabilities, and teaching and learning activities are not situated in a broader framework of supports for individual recovery (for example, learning support workers, learning plans oriented towards the individual's recovery goals). Learn Local organisations have committees of management drawn from the local community and courses tend to be developed and delivered by people with professional expertise in content areas. The peer-to-peer, co-productive aspect that is critical to the recovery college model is absent.

In thinking about the application of the recovery college model in the Australian context, some account must be made of the difference in the dispersion of the population. In both the US and UK colleges have been established in physical locations where there is considerable density of population. Moreover, in the UK at least, good public transport networks make colleges accessible to people in the surrounding area. The college structure and teaching and learning mechanisms will need to take account of the lower density and greater dispersion of the population in Australia.

7. The role of people with a lived experience

One of the success factors of the recovery college model is the central role of people with a lived experience of a mental ill-health and recovery. It promotes social connectedness and inclusion and provides opportunities for self-determination and management of one's own recovery. People are able to exercise agency through their involvement in college governance, administration, curriculum

[19] Systematic Review of Chronic Disease Self-Management Programs: a health promotion and determinants approach, (2006), Shaw, J. et al, DHS Public Health Research Project.
[20] Department of Education and Early Childhood Development, higher Education and Skills – Learn Local, http://www.skills.vic.gov.au/pages/learnlocal-acfe/default.aspx?Redirect=1, accessed 3rd October 2012.

development and teaching and learning. At the same time, they work together to build a resource to support recovery for the whole community.

The models established to date in the UK and the US have taken slightly different approaches to the role of people with a lived experiences in recovery college settings but in both contexts, a central role is integral to the model. The development of recovery colleges by peer organisations typifies the approach in the US, whereas UK colleges are run as partnerships between health professionals and peer support workers.

Arguably, one of the most critical aspects of the employment of people with a lived experience is the paradigm shift that is required by mental health organisations[21]. For those organisations who have been involved in the establishment of recovery colleges, the paradigm shift has been critical to the success of the service. Even for those organisations with well-developed peer workforces, the shift from employing peer support workers to supporting extensive service user leadership in service development and delivery is a challenging step.

8. A recovery college model for the Australian context

Development of a model for the Australian context is an opportunity to extend the work undertaken in the US and UK and to incorporate some of Mind's existing strengths in supporting and promoting recovery.

The recovery college model augments the current 2010—2015 Mind Strategic Plan, in particular the stated strategic goals of:

- **Consumers' recovery supported:** the recovery college expands the choices that people have to support their recovery.
- **Improving economic and social participation:** the recovery college provides opportunities for social and economic participation in its own right as well as potentially delivering outcomes that further people's opportunities for participation in spheres outside the college itself.
- **Collaborating for better outcomes**: co-production between people with a lived experience of mental ill-health and recovery as well as between them and those who do not identify as having a lived experience, is the guiding principle for the development and operation of a recovery college. Collaboration is extended through the various partnerships that will be developed to support the ongoing operation of the college.
- **Growing a productive and rewarding organisation**: the college provides an opportunity for people associated with Mind (whether as employees or users of services) to be involved in an innovative venture which has the potential to deliver tangible benefits to individuals and the community at large.

In developing a recovery college model for Mind, a number of elements need to be considered in order to provide the necessary scaffolding to support service development. These include:

- a theoretical framework;
- key elements of the model;

[21] Ibid. p.212.

- robust governance arrangements;
- funding and financing;
- partnership and collaboration opportunities;
- relationship with existing Mind services and initiatives;
- capacity for scaling up of the service, and
- outcome measures, research and evaluation and continuous improvement mechanisms.

Each of these elements will be specifically addressed in the implementation strategy.

Recovery college implementation strategy

Year One: Trial

- Initial trial at two existing Mind service sites (one metro and one regional) to establish set-up for college structure and staff model.
- Development of operational policies and governance arrangements to support co-production.
- Design and initiate a research and evaluation strategy.

Years Two and Three: Development and Consolidation

- Establish key partnerships with government and/or philanthropic organisation(s).
- Establishment of central physical location for the college.
- Development and consolidation of the model, drawing on the evidence base created by the research and evaluation strategy.

8.1 Theoretical framework for the Mind recovery college model

The framework will provide an explanation of how the model works and identify the outcomes it seeks to deliver. It will guide the development of practice and procedure and underpin a research and evaluation strategy for the model.

The model will draw on three inter-related strands, described earlier in this document (see page 6):

- health inequalities and rights-based approaches to health development,
- co-production and the role of people with a lived experience, and
- adult learning principles, oriented to supporting recovery.

These three strands provide a solid base on which to build the operational elements of the recovery college. The outcome should be for the recovery college to offer learning and development opportunities that both engage and broaden a person's perspective on:

- their mental health and self-care;
- physical health and well-being;
- intellectual opportunities and pursuits;
- skill and knowledge development and application;
- emotional and social connections to their community;

- spirituality, and
- reducing the stigma associated with mental health.

8.2 Key elements of the model

Based on a consideration of the overseas examples, and consideration of relevant theory, key elements include:

- a commitment to education as a means of supporting recovery;
- a strong education ethos that positions service users as students and maximises their choices as learners and in relation to managing their own recovery;
- a partnership approach between students and college staff in determining both the content of the courses and the methods of delivery, as well as overall curriculum issues such as the possibility of core and elective courses, and pre- and/or co-requisite courses;
- processes that recognise course completion , that is, certification and graduation, with some thought given to any potential opportunities offered by the ability to give credits into accredited courses, and/or delivery of accredited courses under auspice arrangements with existing Registered Training Organisations;
- a student charter that ensures those enrolling understand potential gains from their participation in the college, and what is expected with regard to their behaviour and conduct towards their classmates and tutors;
- an “open door” approach that encourages a diversity of people to attend the college regardless of their current mental health and wellness;
- resourcing of a learning support advisor who provides the necessary information, guidance and advice to each student who want to enrol in a specific course within the college. The learning support advisor works with each student to develop an individual learning plan against their goals so they can track their progress. The learning support advisor is able to provide ongoing support to students in relation to their learning needs and, where appropriate, linking students with other community supports and resources – including further education and/or employment services for those who want this;
- a physical structure where the college is housed with the necessary facilities to promote the look and feel of a learning environment, for example, classrooms, a library or resource centre where students can undertake self-guided research and learning and a place where students can meet together, as well as appropriate office space for learning support activities;
- delivery of courses at ‘satellite’ sites, including those located in the facilities of other service providers within and outside the mental health sector;
- the opportunity to build primary and subsidiary markets/audiences for college activities. The primary market will be people with a lived experience who choose education as a means to support their recovery and who are, in the first instance, existing Mind clients. Over time, it is likely that the primary market will expand to include consumers of mental health services outside of Mind and people with a lived experience of mental ill-health and recovery who are not mental health service consumers. Other potential markets may include carers and family

members of people with a lived experience of recovery, staff in organisations who interact with people with mental health issues and people in the general community who have an interest in mental health and recovery, and

- the possibility for the college to become a potential link to employment support initiatives with prospective employers and/or mainstream education providers.

In thinking about the development and implementation of the model, it will be important to agree on the critical design elements and have an iterative approach from trial to full operation. A critical process in the establishment of the recovery college will be to use the first three years to work through an iterative process of trial, reflection and refinement to plan for full operation of the model in year three and beyond. An action research approach will assist this process and enable documentation of service delivery processes and outcomes. An evaluation strategy that is capable of producing both formative and summative findings[22] will be part of the action research design, along with the identification of outcomes and appropriate measures.

Staff dedicated to the activities of the college will be recruited early in the trial phase. The staffing profile will reflect that of an adult education environment, and include a college director, learning support advisor(s) and administrative systems and logistics support. In order to provide a flexible and responsive curriculum offering, teaching and learning activities will be undertaken using a pool of sessional staff with expertise in specific content and training in its application to individual recovery. The staffing profile has been developed to expand as college capacity increases over the three years.

A sample of courses offered by the Nottingham Recovery College has been included in Appendix B to this document.

8.3 Governance arrangements

There are two aspects to the governance requirements - governance of the *project* to develop and implement the model, and governance of the *college* as a recovery-oriented education service.

During development and initial implementation, the recovery college project will be located within Mind's Research, Development and Advocacy Division (RDA). The project team has responsibility for:

- developing the concept for the model (articulated in this paper);
- developing a business case for the development and implementation phase, to be presented to the Mind Board for endorsement;
- developing and implementing a plan for initial delivery from two sites in Victoria, and
- leading the ongoing development of the model towards operational sustainability, including investigating funding options and securing funding and financing partnerships.

The development project team comprises Margaret Grigg (Project Sponsor), Sarah Pollock (Project Lead) and Robyn Callaghan (Project Officer). Once appointed, the college Director will also be a

[22] Formative is ongoing and is conducted whilst an activity is taking place, so that findings can be fed back into the process to aid its further development. Summative evaluation takes place at the conclusion of an activity, or at a point in time, and is designed to assess its overall effectiveness.

Project Officer in the team. The appointee to the position of college Director will be a person with a lived experience of mental ill-health and recovery and expertise in education as well as the passion and drive to develop and operationalise the model. The Director will be responsible for the operation of the college. The RDA project team will continue to work with the director in the early stages of implementation, particularly in assisting with the trialling of courses in existing Mind service settings.

The project team will work closely with appropriate staff members at each of the operational areas identified as initial delivery sites. At each site, an operational staff person will be designated the project lead for that site, and together with the project team members, this group will comprise the project working group.

It is anticipated that initial implementation will be undertaken in 2013. During this time, the project will remain located within RDA. As the college develops, it will be necessary to review its structural location within Mind. It is likely that any transition in structural arrangements will occur after initial implementation, that is, in 2014 or beyond.

A governance structure for the college itself is also required at the point of initial implementation. Governance arrangements will need to be appropriate for an education context to ensure the college:

- provides a high quality teaching and learning experience for staff and service users;
- operates through a partnership between service users and service providers, and
- achieves outcomes that are valued by all stakeholders in the initiative.

Governance will need to consider arrangements for:

- recruitment, training and retention of staff, including administrative systems and logistics, learning support and teaching;
- student participation;
- curriculum development;
- promotion and marketing of the college, and
- partnership, stakeholder and community development related to curriculum.

It is proposed that governance arrangements comprise a group with similar make-up to an academic board or committee in an education setting. Such groups generally include representation from:

- college management (academic);
- student cohort;
- college teaching and learning support staff, and
- external expertise relevant to the delivery content.

As the college moves towards fully sustainable operations, it will also be necessary to review these arrangements and ensure that suitable arrangements are in place to govern the business

development aspects of operations (that is, those aspects of governance that will initially be managed by the RDA project team).

8.4 Partnership and collaboration opportunities

Partnerships will be an essential aspect of the ongoing viability of the recovery college model into the future. Partnerships with other health, mental health and community services organisations will provide additional capacity in relation to curriculum development and delivery as well as giving a broader range of potential students' access to the college. Courses can also be delivered by and/or in partner organisations, thus extending the reach of the college in the community.

The following types of partnership and collaboration are relevant to the development of the recovery college:

- curriculum development collaborations and delivery partnerships, for example, with other health, mental health and community service users and service providers, including partnerships where courses could be provided in the facilities of partner organisations;
- 'access' partnerships and/or collaborations with organisations whose service users may be interested in undertaking courses at the recovery college. The focus of this type of partnership would be on information about and access to the college;
- funding partnerships with bodies who may be interested in funding aspects of delivery, for example, philanthropic foundations, health insurers;
- research and evaluation partnership/s with university/ies, and
- 'pathways' partnerships and/or collaborations with other education institutions and employment services providers for those people interested in pursuing further education in a mainstream setting.

8.5 Relationship with existing services and initiatives

The recovery college model is well placed to build on the work of existing learning services that Mind currently provides, particularly those with a component around group-based learning and/or skill development. Existing community based recovery support services with a skill development element are delivered by, for example, Sprout, Amaroo, Lantern and Trinity. Clients within these services can currently make suggestions for courses/activities that are relevant to their own recovery journey, although development and delivery is undertaken by staff rather than being co-produced. At present, courses offered are only available to users of that service, and any future development will need to ensure that people outside these services have the opportunity to participate in courses being offered.

There are other services within Mind that provide opportunities for learning and skills development as a component of supporting recovery, for example, residential services. However, It is existing community based recovery support services that provide the easiest opportunity to build on, in the initial stages of development.

A number of other initiatives within Mind services are also relevant to the development of the recovery college model and could potentially become activities within it, for instance:

- the Ambassadors of Hope service where people share their experiences of dealing with mental health issues with others. Mind provides training to people who are or have been users of its services to develop skills to safely share their stories, and then supports people when they undertake engagements as ambassadors;
- the peer support worker training course, a fee-for-service activity available to people interesting in training as peer workers in the mental health context, developed and delivered by and for people with a lived experience of mental ill-health and recovery, and
- the development of the Knowledge Centre. Whilst development to date has focused on Mind staff, the future vision includes access by consumers and families. The Knowledge Centre provides the potential for establishing an online hub or resource to support teaching and learning, in conjunction with face-to-face delivery or as a stand-alone mode.

8.6 Capacity for scaling up the model

There is only a limited evidence base for the recovery college model and no manualised way of implementation. This enables an iterative approach to guide the early stages of development. Rather than ensuring all necessary policies, procedures and protocols are in place prior to the recovery college commencing, there needs to be a flexible approach to implementation to enable the college to evolve through a reflective developmental process. This is the basis on which the Nottingham Recovery College was established.

An iterative development model allows for an initial piloting of a small number of courses in the first year of operation, delivered to people who are existing Mind clients. This process will allow for further testing and development of the model by evaluating what has already been delivered. Ultimately, this will help build a sustainable and robust service that has capacity for expansion in order to meet future growth of the college, providing appropriate resourcing is available.

In the second and third years of operation, the college will move towards full service expansion involving a number of key partnerships and reaching a broader cohort of potential students. These partnerships will be essential in supporting the further roll out of learning opportunities offered within the recovery college so it can be operate in a myriad of different settings to a range of different client groups.

During this period, the question of a dedicated facility for the college will be addressed. A dedicated facility will contain classrooms, a library, a student lounge and other facilities deemed to be appropriate for a college environment. A second key issue that will be addressed is the development of an online learning environment, and how this could be used as a resource for teaching, learning and education support for students. The development of an online environment for the college will supplement face-to-face delivery and activities. It is also possible that some courses may be delivered wholly online.

9. Service outcomes

The recovery college model is looking to complement traditional rehabilitation approaches by providing people with education and learning experiences as a means of supporting personal and social recovery. Outcomes are anticipated at a number of levels, including individual, organisational and system or community. All outcomes, however, relate back to the contribution the college's learning and development activities make to people's growth and recovery. These include:

- supporting individual recovery;
- establishing a model that is strengthened by co-production between service users and service providers for all college activities;
- developing an effective education platform to support recovery, including the use of contemporary teaching and learning technologies;
- contributing to ongoing organisation development in recovery-oriented practice;
- driving policy change within the mental health service system by validating the importance of learning and personal development as a legitimate recovery strategy; and
- providing opportunities for community development, thus having an impact on stigma.

Appendix A: Summary of key concepts of the Nottingham Recovery College

The Nottingham Recovery College provides a range of courses to help people to develop their skills and understanding, identify their goals and ambitions and give them the confidence and support to access opportunities.

The Nottingham Recovery College aims to:

- provide a base for recovery resources
- promote an educational and coaching model in supporting people to become experts in self-care on their recovery journey
- break down barriers between 'us' and 'them' by offering training sessions run for and by people with experience of mental health or physical health challenges and people with professional experience.

The college brings together two sets of expertise around mental ill-health and recovery – learned and lived – in a non-stigmatising college environment with the same systems as other educational establishments. All of the courses provided at the college are designed to support and promote wellbeing and recovery. People who share experiences of mental health or physical health challenges teach on the courses with the intention of instilling trust, inspiring hope and thus embodying principles of recovery.

The courses are designed to promote personal autonomy, self-determination and self-care, helping each person to identify goals and ambitions whilst giving the confidence, skills and support to access opportunities. They are open to adults who:

- have personal experience of mental ill-health
- care about people with mental health
- Are a member of staff in mental health services [23]

Key aspects of the Nottingham Recovery College Program include:

- In the space of twelve months, 1000 students have registered with the college.
- All students enrolled in the college have access to a Learning Support Advisor (LSA) who assists the students in developing their learning goals.
- All students are allocated a 'study buddy' who provides support to new students who enrol in the college.
- Students learning needs are factored in to the development of their learning goals, particularly those people with learning difficulties.

[23] Nottinghamshire Healthcare NHS Trust: Recovery College Website http://www.nottinghamshirehealthcare.nhs.uk/our-services/local-services/adult-mental-health-services/nottingham-recovery-college/ Accessed 4th September 2012.

- Students, in conjunction with their LSA, develop a personal goal attainment scale which supports the development of outcome measures for both the student and the college.
- 60% of students enrol in more than one course.
- The college works on a hub and spoke model with a central campus in Nottingham and a range of courses being provided by other agencies off campus located throughout the county.
- The college is free for all students to attend.
- The college runs approximately 100 courses with roughly ten students per course.
- All courses are co-produced and co-facilitated between program staff and people with a lived experience.
- All peer trainers undertake an accredited training course that incorporates 30 hours of teaching practice.
- Peer trainers work on a sessional basis and focus on specific topics that they are either expert in or have a particular interest.
- Students are encouraged to develop their own courses which are then vetted by a Quality Standards Committee who have developed fidelity criteria to ensure the content is recovery focussed and incorporates principles of recovery.
- Courses are offered in inpatient facilities and through voluntary sector organisations.
- The college also provides access to: a careers advisor, a benefits advisor and an education advisor.
- The College employs a full time Coordinator with a lived experience who promotes a strong education ethos within the college.
- The focus is on building strengths through educational attainment not a focus on health outcomes.

Appendix B: Sample courses from Nottingham Recovery College

The following has been provided to give an indication of the types of courses and activities offered by an active recovery college. The curriculum is divided into eight different sections. One course has been selected as an example of the type of activity each section involves. For more information about the college, or to view the full prospectus, visit:

http://www.nottinghamshirehealthcare.nhs.uk/our-services/local-services/adult-mental-health-services/nottingham-recovery-college/

1. Understanding Experience of Mental Health Issues, Treatment and Options

Disclosure – To Tell or Not to Tell

Course Overview
If you are wondering how to tell people about your mental health issues this 4 week course could be for you. It will consider ways of talking to others about what has happened, what to say, when and how to deal with their responses. It will also discuss the option of not telling other people when, why and how this might feel the right thing to do. The course will be open and friendly, welcoming anyone who wants to think about how to talk about their mental health challenges.

Dates and Venues
Mondays 26 November –17 December (4 weeks) · 1.30pm – 3.30pm
Nottingham Recovery College, Duncan Macmillan House, Porchester Road, Mapperley, Nottingham.

2. Building your Life

Spirituality and Recovery – Awakening the Spirit

Course overview
This six week course is about discovering more about ourselves. Who are we and what makes us tick? What is it to be who I really am? This is seen as an ongoing process of discovery and learning and one which is personal and different for each of us, and yet when we look and reflect upon it together we often find we have a lot in common along this journey of pain, challenge and beauty. How do we awaken what is real and genuine inside ourselves? How do we take steps towards being and doing what we really want in life? During this course we will explore these questions together with the aim of discovering more about ourselves and how we can tap into our own inner resources to become more aware, alive and real. It is open to everyone whatever your background, faith, beliefs or non-beliefs.

Dates and Venues
Fridays 2 November – 16 November · 10am – 12.30pm (three weeks)
Nottingham Recovery College, Duncan Macmillan House, Porchester Road, Mapperley, Nottingham.

3. Developing skills

Managing your Tenancy

Course Overview
Are you moving into a new tenancy? Struggling to cope with your current tenancy? This is the course for you. This course will include budgeting, benefits, how to report repairs, tenant rights, managing arrears and all other tenancy matters. This is an informal course that will use discussion, short exercises and question and answer sessions. There will be a handy tenancy guide/workbook to take home for future use.

Dates and Venues
Monday 8 October · 1.30pm – 3.30pm
Nottingham Recovery College, Duncan Macmillan House, Porchester Road, Mapperley, Nottingham.

4. Physical Health and Wellbeing

On the Ball

Course Overview
Feeling negative? Need a boost? Stressed out? Finding it hard to cope? If the answer to any of these is yes, get On the Ball. On the Ball is an award winning, emotional and physical health project, delivered by Notts County Football Club in the community, which uses football as the tool for students to look at their physical and mental wellbeing. We work with men with mental health issues and use professional football as a method of having a positive impact on their lives. This includes improving confidence, optimism, energy, increasing self-esteem and improving fitness. It involves football training and games and a half time team talk about wellbeing.

Dates and Venues
Fridays 5 October –23 November · 11am – 1pm
Portland Leisure Centre, Muskham Street, The Meadows, Nottingham, NG2 2HB

5. Getting Involved

Introduction to Recovery Principles

Course Overview
This course looks at what recovery is and what things make up a person's recovery journey. We then move on to how to bring the principles of recovery to a teaching environment. Recovery means different things to different people, but at the core of everyone's individual definition are a number of shared principles that the course will bring out. How to apply recovery principles when delivering training and helping others to develop is a really useful and powerful skill that we hope to inspire within our students. The course is informal and involves a great deal of discussion and group work.

Dates and Venues
Choose from:
Friday 28 September · 9.30am – 1pm or Friday 30 November · 9.30am –1pm
Nottingham Recovery College, Duncan Macmillan House, Porchester Road, Mapperley, Nottingham.

6. Families, Friends and Loved Ones

Supporting Loved Ones with Fire Safety

Course Overview
This one hour course is run in conjunction with the fire service and aims to show family, friends and loved ones how to recognise potential risks and dangers in their relatives' homes. The course looks at how to identify fire hazards in the home environment and looks at ways of helping others maintain their own personal safety and how to prevent common house fires. The course also explores the importance of a smoke alarm and looks at ways of testing and maintaining it. Overall it aims to demonstrate to carers how to recognise a vulnerable person in relation to fire safety and look at ways they can refer them to the fire service. Informal, friendly, relaxed.

Dates and Venues
TBC
Nottingham Recovery College, Duncan Macmillan House, Porchester Road, Mapperley, Nottingham, NG3 6AA.

7. The Forum

Mental Health Through the Ages

Course Overview
This first forum session will explore understandings of mental health and psychiatry from ancient history up to the current day. The forum events are opportunities to hear talks and presentations and then have question and answer discussions. We hope that there will be a guest speaker who will share their lived experience of mental health services.

Dates and Venues
Wednesday 5 December · 10am –12.30pm
Nottingham Recovery College, Duncan Macmillan House, Porchester Road, Mapperley, Nottingham, NG3 6AA

8. Events

Celebrate World Hearing Voices Day

Do you hear voices or support someone who does?
Do you work alongside people who hear voices?

You are invited to an anti-stigma event which aims to raise awareness of voice hearing. The National Hearing Voices Network will be in attendance. Refreshments available (small donation requested)

Friday 14 September 2012 10.30am –2.30pm
Nottingham Recovery College, Duncan Macmillan House, Porchester Road, Mapperley, Nottingham.