Recovery Colleges: where they came from, how they work and whether they make a difference

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Provenance of Recovery Colleges

- Health Education – reduce use of GP, reduce crises
- Expert Patient Programmes – change illness related behaviour, increase confidence, reduce service use
- Psycho-social Interventions/education – family behavioural intervention reduces admissions
- Recovery and Illness Management Courses, Boston Ma. - Change illness related behaviour, reduce service use
- Recovery Education Unit, Recovery Innovations, Arizona – reduce service use, change condition related behaviour, increase employment and access to education
How Recovery Colleges Differ

- Designed to drive organisational change by modelling different relationships, roles, opportunities and a very different culture.
- Opportunity for people using services and people providing them to work together and learn together as equal partners.
- Courses critically draw on both professional (topic specific) expertise, and personal lived experience.
- This ‘coproduction’ is central to breaking down barriers, recognising respective talents and wisdom (learning from each other) and destigmatising mental ‘illness’
A different culture: from ‘therapy’ to ‘education’

**Therapeutic model:**
- Focuses largely on problems, deficits, symptoms
- Nature of therapy is chosen and offered by the (expert) therapist
- Maintains power imbalance and reinforces the notion that expertise lies with professionals
- Strays beyond the therapy sessions and becomes over-arching paradigm, transforming all activities into ‘therapies’

**Educational approach:**
- Helps people recognise and make use of their talents and resources
- Helps people explore their possibilities and develop skills
- Helps people achieve their goals and ambitions
- Staff become coaches who help people find their own solutions
- Students are not passive and dependent patients.
- Students choose their own courses, become experts in their own self care
What are the common features? Or how to recognise a Recovery College when you see one …

Key Characteristics
- Educational
- Collaborative
- Strengths based
- Person Centred
- Progressive
- Community Facing
- Inclusive
- Safe

Key Domains
- Policies & procedures
- Student journey
- Staff selection, training, & support
- Documentation
- Context/environment
- Evaluation
GOAL – To facilitate Recovery through education that a) inspires hope through culture, environment and relationships, b) enables people to take control of their symptoms and challenges, the way these are treated, and their life a whole by accessing relevant courses and through becoming a college student, c) facilitates access to opportunities via learning opportunities, personal learning plan and community connections.

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<th>Criteria</th>
<th>Evidence</th>
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<td>Educational:</td>
<td>Recovery focused knowledge/understanding, coping strategies and skills, application of learning are facilitated through Recovery focused curriculum and facilitative relationships</td>
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<td>Collaborative:</td>
<td>Lived, life, professional and subject expertise and experience are brought together in co-production, co-delivery/facilitation and co-learning</td>
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<td>Strengths Based:</td>
<td>For all students and staff, achievements, strengths, skills and qualities are identified, built upon and rewarded. Adjustments and supports are put in to overcome challenges</td>
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<td>Person-centred:</td>
<td>Students come of their own volition, work towards their personal goals, ambitions and dreams at their own pace. They choose the courses they wish to study and identify the supports they find helpful</td>
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<td>Progressive:</td>
<td>Students work towards goals, and/or to overcome personal challenges. Courses and support are agreed through and individual learning plan which is regularly reviewed</td>
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<td>Community Focussed:</td>
<td>The college is community facing with active engagement with community organisations and FE colleges to co-produce relevant courses and facilitate pathways into valued roles, relationships and activities</td>
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<td>Inclusive:</td>
<td>The college offers learning opportunities to students of all abilities, cultures, ages and experiences. A sound differentiation policy ensures that everyone has equal access to learning and the contribution that everyone can make is recognised and valued</td>
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The growth of Recovery Colleges in England

- The first Recovery College (South West London St Georges) opened in 2010, followed by Nottingham 2011
- 35 (5) running in England, 2 in Scotland and 5 in Northern Ireland
- Most run approximately 100 courses per term (3 terms per year)
- 10-15 students per course (= 1000 student contacts per term, 3000 per year)
- The majority are funded by local NHS Mental Health Trusts (local public MH services), sometimes with local government or education funding partners which contribute resources. Four are run by charities.
Student Pathway through College

- **Call or drop in to college and make appointment to enrol**
- **Registration**: ILP, student charter, look around, book on to selected courses
- **Term 1**
  - Attend booked courses & complete evaluation
  - Letter confirming courses
  - ILP 2 Select new courses
  - Attend booked courses & complete evaluation
  - Letter confirming courses
  - ILP 3 Select moving on courses
  - Attend booked courses & complete evaluation
  - Letter confirming courses

**Term 2**

**Term 3**

- **Graduate**

**Student may choose to leave at any time**

Supported by:
- Centre for Mental Health
- Mental Health Network NHS Confederation

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- DH Department of Health

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Individual Learning Plan

- Hopes and Dreams
- Strengths, assets, resources, previous learning
- Select courses
- Making the most of learning
- Where am I now?
Nottingham Recovery College ILP

Students rate 9 domains at baseline then termly thereafter
Scale of 1 (totally disagree) to 5 (totally agree):

- I am able to manage my own wellbeing
- I understand my mental health
- I feel good about myself
- The quality of my life is improving
- I have hopes and dreams for the future
- I have control of my life
- I have the opportunity to build up my life
- I feel part of my community
- I am involved with family and friends
- I go out as much as I would like to
# Questions about Next Steps

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<tr>
<th>Positive Outcomes</th>
<th>I am not able to think about this at the moment</th>
<th>I am starting to think it is possible</th>
<th>I am starting to look into it</th>
<th>I am actively seeking it</th>
<th>I am now doing it</th>
<th>I am confident, resilient and able to continue</th>
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<td>Work</td>
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<td>Education</td>
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<td>Volunteering</td>
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Endorsed by DH Department of Health
College Director

College Delivery Board

Quality Assurance Board

Trainers: peers, professionals and external experts work on courses in their areas of expertise

College Manager/Co-ordinator
Skills in organisation, administration, education, Understanding of Recovery, Professional and/or lived expertise

Peer learning advisors
ILPs, coproduction & co-Delivery of courses, classroom prep, ‘culture carriers’

Peer volunteers
Teaching assistance, Study buddy, meeting new students, odd jobs

Administrator
Timetabling, letters, phone calls
Journeys into Peer Roles

Support as required from mental health services

Attends courses at college

Volunteer

Work experience

Befriender

Peer trainer training

Peer Learning Advisor

Peer support worker

Can access mainstream employment or education at any time
Training for Trainers

- Peers and Professionals train together
- We offer 3 Day ‘City and Guilds’ PTLLL Trainer Skills Course (Preparation for Teaching and Life Long Learning) which includes:
  - Preparation and planning a session
  - Welcome, Introduction, Ground rules, Ice breaker
  - Characteristics of a good trainer
  - Gaining and maintaining attention
  - Different learning styles – different learning opportunities
  - Assessing learning
  - Evaluation
“Co-production means designing and delivering public services in an equal and reciprocal relationship between professionals, people using services, their families and their neighbours. Where activities are co-produced in this way, both services and neighbourhoods become far more effective agents of change.”

New Economics Foundation (2011)  *In This Together. Building knowledge about co-production*

NESTA (2009) *The Challenge of Co-production*

NESTA (2012) *People Powered Health Co-Production Catalogue*
Forging Partnerships

- NGOs
- Public Services
- Social Services
- Education Facilities
- Employment Support
- Local Businesses
- Local Sports and Arts Facilities
- Benefits/Insurance advisors
The Prospectus

- Information about the college – philosophy, purpose, who it is for, how to access
- The courses available – length, level, who for, subject and learning aims, assessment
  - All about recovery and personal recovery planning, life coaching
  - Understanding and managing my condition
  - Keeping my self well – sleep, diet, exercise, advance planning
  - Getting back into life – confidence, interviews, work, education,
- Enrolment/registration for courses
What differences do Recovery Colleges make?

- Most evidence is provided by routine monitoring and annual reports of students’
  - attendance
  - course evaluation
  - satisfaction
  - personal goal achievement
  - subjective recovery measures
  - progression

No studies comparing college with TAU or other interventions.
Cost Effectiveness

- Reductions in services used following attendance at Recovery Colleges have led to reductions in service use and thereby reducing cost
  - SWYT Recovery Colleges (mean £460 per student p.a.)
  - SW London Recovery College (mean £800 per student p.a.)
  - Mid Essex Recovery College (mean £320 per student p.a.)
What students like:

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

(Callaghan, 2012; Rennison et al, 2014; Meddings, 2014; Shepherd et al, 2015)
Quality of College Provision

- Highly popular – good uptake (waiting lists in all colleges by end of year 1, MacGregor, 2015)
- High levels of satisfaction (95% students rate courses good or excellent) – Rennison et al (2014), Meddings (2014)
Achievement of Personal Goals & Personal Recovery

- High levels of achievement of personal goals (Callaghan et al, 2012), Rinaldi and Wybourn, 2011), Meddings et al, 2015)

- Significant improvements in personal Recovery on Process of Recovery Questionnaire (Meddings et al, 2015)
Achievement of Socially Valued Goals

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

- Prospective measures of WEMWBS and MANSA showed significant improvements following attendance at Recovery Colleges (Meddings et al, 2015; North Essex Research Network, 2014)
Future Questions

- What is the mechanism by which Recovery Colleges have an effect?
- Are Colleges more effective than TAU? Need more robust quantitative studies – preferably a carefully designed RCT - but challenges lie in defining and ‘fixing’ the independent variable.
- Can RCs replace some existing services?
- Are Recovery Colleges better located inside or outside mental health services?
Thank you

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OR

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