Recovery College – Outcomes so far

Kate Sault – Recovery College Lead
Christie Garner & Charlotte Gatherer – RC Students
Welcome

Introductions

Workshop agenda
What is recovery?

Clinical recovery = removal of symptoms

Personal / social recovery = leading a satisfying, hopeful life, with meaning and purpose (even though illness may not be cured)
What is recovery?

- Concept emerged from lived experience expertise
- Recovery is an individual process, defined by the person rather than by others
- Recovery is a journey rather than a destination
- Recovery themes: hope, agency, and opportunity
- Supported in Government health and social policies
- Recovery movement has required professions to change the way they think/practice
- Recovery college has embraced this transformation (co-co-co)
Recovery is not managing illness
It’s discovering wellness
Recovery is not fixing what’s broken

It’s finding wholeness, meaning, and purpose
A love for life
Recovery is a journey
A reconnection to self, others, nature, and Spirit
A willingness to forgive, openness toward reconciliation
A search for peace …

Duane Sherry
Recovery colleges are believed to be central to both modelling and driving recovery-focused organisational change. They assist the individual whom they serve in their personal and collective journeys of recovery and they assist organisations and services to become more recovery focused.
The Recovery College uses the notion of an educational paradigm as a means of reinforcing strengths and helping people move from the role of ‘mental patient’ to ‘student’ or ‘teacher’.

Empirical and theoretical underpinning

- Self management or mental health education
- Academic (supported) education
- Employment and supported employment
- The use of lived experience in mental health training
- The use of peers as providers of mental health services
Defining features of a Recovery College

- Co-production at every level
- Physical base class rooms and library
- It operates on college principles
- It is for everyone
- There are personal tutor
- The College is not a substitute for traditional assessment and treatment
- It is not a substitute for mainstream colleges
- It must reflect recovery principles in all aspects of its culture and operation

(Perkins et al 2012)
“The college is not a day centre, nor does it offer treatment or co-ordination of care. Students select courses from a prospectus, they are not told what is good for them. Selection is not based on diagnosis or clinical condition, neither are risk assessments conducted by the college to see if they are ‘suitable’ to attend. As in any college, a ‘student charter’ describes what the person can expect to gain and what the College can expect from them in terms of attendance and behaviour”

(Centre for Mental Health, 2012)
SHFT Recovery College

- Established in April 2013
- Based on guiding principles
- Funded by AMH this is currently our target audience
- Co team
- Deliver 34 different courses across 12 different venues
- Course subjects related to Recovery and Self Management
- Aim to improve outcomes for students, and to complement existing services
Retaining the ethos

- Community/Adult learning approach
- Enrolment process
- Prospectus
- Learning plans
- Language used impact style of relationship we build
- Student charter
- Course documentation
- College procedures
- Neutral training venues
“Students choose their own courses, work out ways of making sense of (and finding meaning in) what has happened and become experts in managing their own lives”
What gives you hope?   
How have you given hope to others?

"Man can live about forty days without food, about three days without water, about eight minutes without air, but only for one second without hope."
Southern Health
Recovery College
Service evaluation 2013-2014

Dr Nicola Stone (Clinical Psychologist)
Paul Valentine (Service-User Involvement Co-ordinator)
Kate Sault (Recovery College Lead)
Dr Katherine Newman-Taylor (Consultant Clinical Psychologist)
John Rose (Service-User Involvement Manager)
Purpose

To assess the impact of the Recovery College on student outcomes and student experiences, using quantitative and qualitative methods.

Satisfaction data (Student experiences)

Initial data – 2013/14 academic year
Quantitative Data

Method

Students attending 2 full days training

3 questionnaires completed before and after training:

- Hope, Agency and Opportunity Questionnaire (HAO; Newman Taylor, 2014)
- Herth Hope Index (HHI; Herth, 1999)
- Recovery Knowledge Inventory (RKI; Bedregal, O'Connell & Davidson, 2006)

Pre-training data – N = 26

Post-training data – N = 10
Quantitative Results

Summary and Conclusions

The results show modest but consistent improvements on measures of recovery outcomes.

Students reported relatively high baseline scores and this may indicate a certain level of well-being of those attending the college.

Establish routine assessment of recovery outcomes for students, and robust methods of data collection.
## Satisfaction Data

<table>
<thead>
<tr>
<th>Course Type</th>
<th>N</th>
<th>M</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2013 initial term data</strong></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>All courses</td>
<td>194</td>
<td>4.72</td>
<td>0.36</td>
</tr>
<tr>
<td><strong>2013 / 2014 academic year data</strong></td>
<td></td>
<td></td>
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<tr>
<td>Courses – hope</td>
<td>185</td>
<td>4.66</td>
<td>0.49</td>
</tr>
<tr>
<td>Courses – agency</td>
<td>253</td>
<td>4.76</td>
<td>0.46</td>
</tr>
<tr>
<td>Courses – opportunity</td>
<td>55</td>
<td>4.72</td>
<td>0.33</td>
</tr>
</tbody>
</table>

On average, students rate the courses above 4.5 on the 5 point scales.

Demonstrates high levels of satisfaction with the courses.
Qualitative Data

Method

3 focus groups using semi-structured interview

Total of 11 participants (Staff, Service-Users and Carers)

Data analysed using thematic analysis (Braun & Clarke, 2006)

www.southernhealth.nhs.uk/recovery
Qualitative Data
Thematic Analysis

Connecting with others differently

- Reflection on ‘stuckness’
- Quality of relationships motivates change
- Widening of horizons

www.southernhealth.nhs.uk/recovery
Qualitative Data

Summary and Conclusions

- Value of training that is developed, delivered and received by both service users and clinicians.

- Allows students to reflect on periods of being ‘stuck’ (as service users, clinicians and friends and family members)

- To make personal and professional change

- To look to the future as individuals and in terms of wider service provision.

www.southernhealth.nhs.uk/recovery
Recommendations

(Student outcomes) – establish routine assessment of recovery outcomes.

(Student experience) – consider routine assessment of student experience beyond satisfaction data.

(Increase access) – consider means of access to other groups, such as inpatient community and staff ambivalent about recovery-based practice.
Student experience
THANK YOU DO YOU HAVE ANY QUESTIONS?
Further reading

Further reading

“The message coming from [service-user students] was very powerful. I think when you speak from personal experience, you cannot beat it. And that gets into you, and that’s probably what gave me the hope.”

Recovery College student

“There was … a gap, I had a care manager and … the medication and the treatment and I was looking for something else. … I really went away from here feeling like I had found what I’d been looking for, that little bit extra to give me the hope to start feeling like I could recover, which I didn’t feel was offered anywhere else.”

Recovery College student