



Recovery Colleges: a vehicle for driving recovery focused practice in organisations

Jane Rennison

Senior Consultant ImROC

(Recovery Lead – Central & North
West London NHS Foundation
Trust)



Recovery: how do organisations need to change?

“We trained hard but it seemed every time we were beginning to form up into teams we would be reorganised. I was to learn that we tend to meet any new situation by reorganising, and a wonderful method it can be of creating the illusion of progress while producing confusion, inefficiency and demoralisation”

Caius Petronius AD66



Shifting our services.....

From: *The patient in our services*

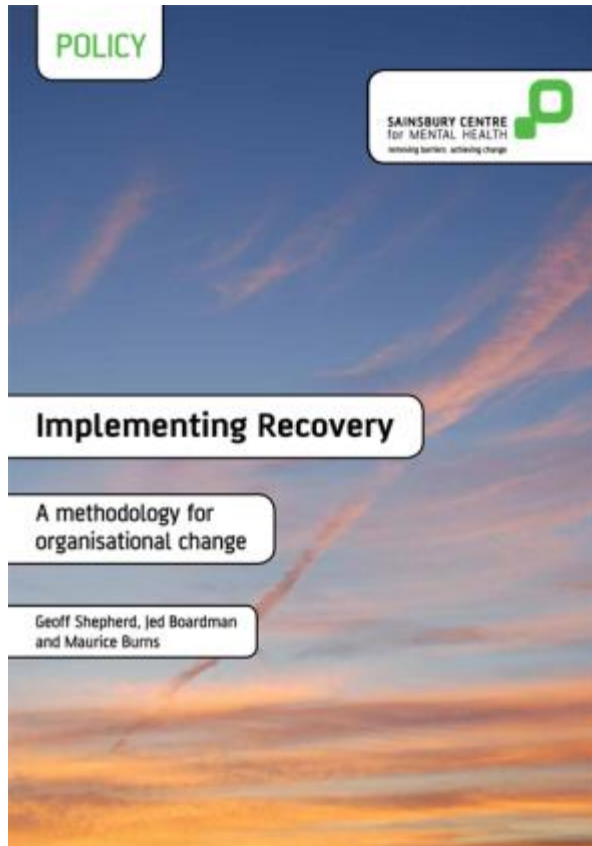
To: *The person in their life*



Fundamental cultural change is required

- A redefinition of ‘why are we here?’
 - *“Recovery requires reframing the treatment enterprise...the issue is what role treatment [and support] plays in recovery.”*
(Davidson et al, 2006)
- A different relationship between professionals/ services and those whom they serve
 - A recognition of the value of the expertise of lived experience and professional expertise and bringing these together in a process of co-production – genuine shared decision making at all levels.
 - Shifting the balance of power.

Implementing Recovery through Organisational Change (ImROC) **2009**



- ❖ Aims to answer 2 key questions:
 - 1) How to change the attitudes and behaviour of staff and teams so as to make them more supportive of recovery for people using these services?
 - 2) How to change organisations such that these changes in staff behaviour are supported and maintained? (changing the 'culture')



Summary - Key organisational challenges (Sainsbury Centre for Mental Health, 2009)

1. Changing the nature of day-to-day interactions and the quality of experience
2. Delivering comprehensive, user-led education and training programmes
3. Establishing a 'Recovery Education Unit' to drive the programmes forward
4. Ensuring organisational commitment, creating the 'culture'
5. Increasing 'personalisation' and choice
6. Transforming the workforce
7. Changing the way we approach risk assessment and management
8. Redefining user involvement
9. Supporting staff in their recovery journey
10. Increasing opportunities for building a life '*beyond illness*' (e.g. IPS)



User led
training &
education

Develop a
Recovery
College

Increasing
personalisation
& choice

Transform
the workforce
Peer Support

Opportunities
to build a life
beyond illness

Supporting
staff in their
journey

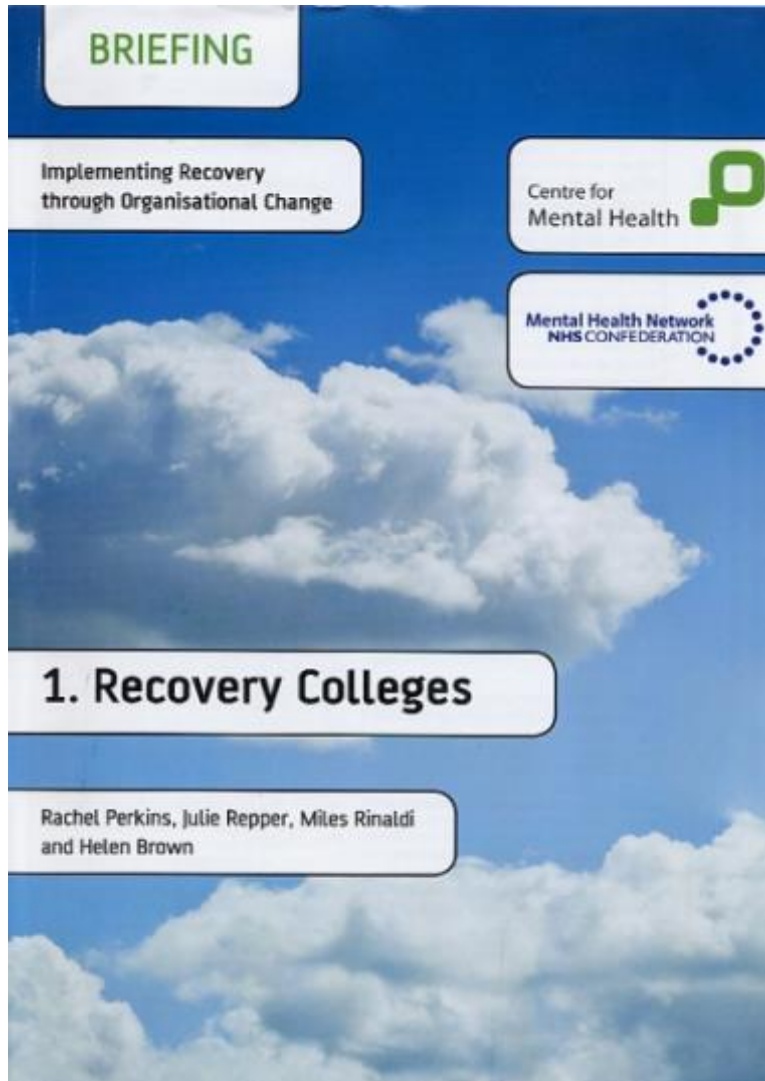
Changing the nature
of day to day
interactions

Risk, Safety &
Recovery

Ensuring organisational commitment; shifting the 'culture

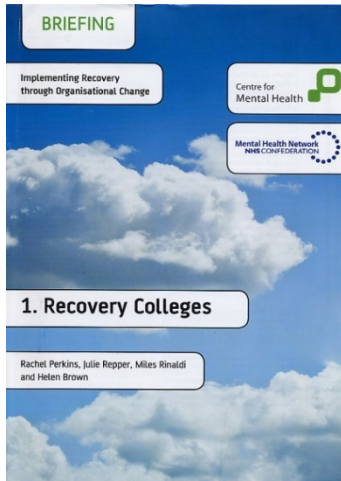
Redefining 'user involvement'

Co-production



The transformative power of a Recovery College

Defining features of a Recovery College



1. Co-production between people with personal and professional experience of mental health
2. A physical base (building) with classrooms and a library where people can do their own research
3. Operates on college principles
4. No exclusion criteria - it is for everyone
5. Each student has a Personal Tutor (or equivalent) who is there to offer information, advice and guidance
6. The College is not a substitute for traditional assessment and treatment
7. It is also not a substitute for mainstream colleges
8. It must reflect recovery principles in all aspects of its culture



What is the CNWL Recovery & Wellbeing College?

- The CNWL Recovery & wellbeing College is a **shared learning environment**
- Supports individuals to recognise and develop their **talents and resources** in order to become **experts in their own self-care**, to 'self right'; and do the things they want to do in life...beyond services
- Creates learning opportunities which **span physical and mental health/wellbeing**
- Underpinned by the principles of '**co-production**'

Workshop & Courses

- Understanding health difficulties and ways of managing them
- Looking after our health and wellbeing
- Understanding and developing ourselves
- Taking back control and rebuilding our life
- Developing recovery focused practice and getting involved
- Employment and work



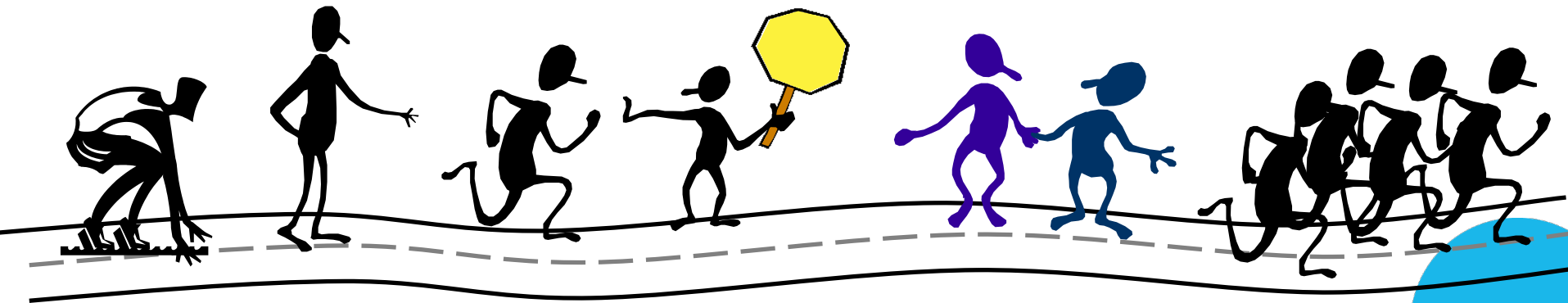
Recovery Colleges...

... impact on the individual

... impact on the culture of the organisation

... impact on practice within the organisation..

and beyond....



Impact on the individual

- Breaks down the 'them and us' and validates 'lived experience'
- Equips individuals with skills and knowledge to self-right
- Encourages responsibility for management of conditions and general wellbeing
- Extends opportunities for greater participation in communities i.e. citizenship
- Changes the nature of conversations and facilitates shared decision making



South West London & St George's RC – pilot in Merton & Sutton: Longer term individual & service level outcomes

As a result of attending the course(s):

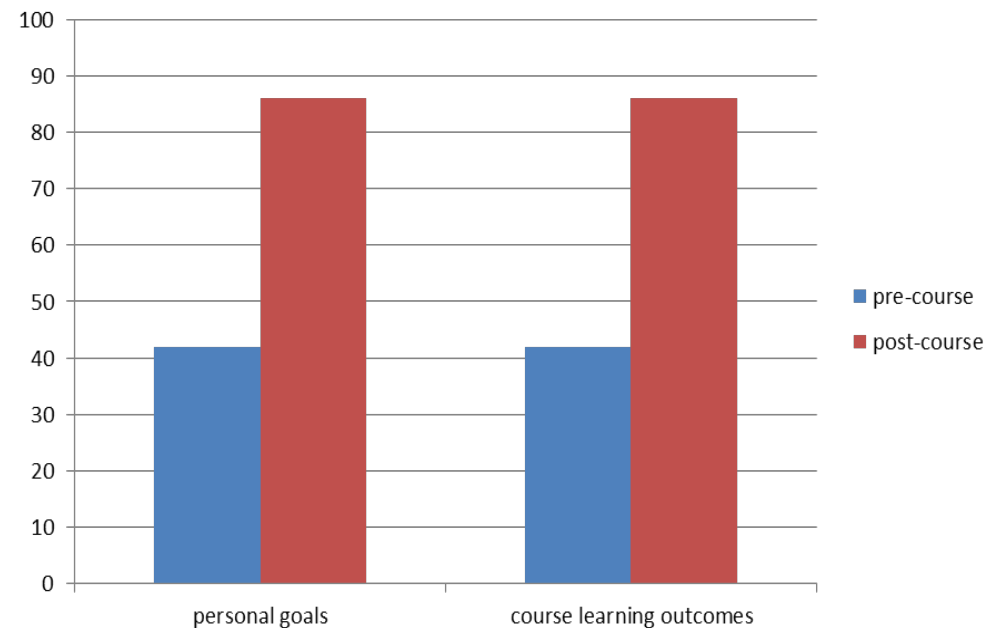
- After 18 months- 59% of students reported they were more able to do the things they wanted in life and 69% to achieve the goals they set for themselves
- 81% said they had developed their own plans for staying well
- Students completing 70% of chosen courses demonstrated a significant difference in occupied bed days (reduction of 14.6 days)
- The mean annual efficiency for this is around £800 per student
£1,608,600 per 2,000 students

Rinaldi & Wybourn 2011

Outcomes – Sussex Recovery College

(All $p < 0.01$, effect size > 0.75)

- Personal Goals
- Course Learning Outcomes
- Outcome measures:
 - wellbeing
 - quality of life
 - recovery



- High satisfaction - **95% would recommend to others**
- More in work, mainstream education and friends
- Cost effective and reduced service use



Mid Essex Recovery College Evaluation Report September 2014

- College opened September 2013
- Oct 2013 – Sept 2014 80% of student group studied (n=242) had lessened their use of secondary care services.
- 12% discharged
- Reduced occupied bed days meant a saving of £300,000
- 40 returned to work or volunteering as result of the college, 25 as tutors

Mid Essex Recovery Hub/College-Sarah Ray & Colleagues September 2014.



Changes to practice and the nature of the day to day conversation.....

- Supports service users in the pursuit of their personal life goals, maintaining a consistent belief that they are possible
- Builds on an individual's strengths, rather than listing their problems
- Respects their knowledge and expertise as different, but valued
- Encourages staff to adopt a 'coaching approach & to include an educational approach in their interaction
- Increases opportunities for employment, education and community integration (participatory citizenship)





Changes in Language

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



Impact on clinical practice within the organisation

- Drives recovery focused practice across the organisation e.g. Team Recovery Implementation Plans, reducing physical interventions
- Every interaction creates a recovery-focused opportunity
- Supports the individual to move out of services
“Stepping stones to inclusion, not departure points for exclusion”



The dimensions of recovery - changing the 'culture'

- But, 'training' will not be enough

Training is important, but without good supervision, leadership and a culture of innovation it is unlikely to be effective.

- Recovery values need to become embedded into every management process: recruitment, supervision, appraisal, operational policies, etc.
- This means leadership 'from the top'

Impact on the culture of the organisation

- Challenges the dominance of professional expertise
- Tangible step to transforming the workforce
- Challenges stigma & prejudice
- Raises expectation from 'Yes - but...' to 'Yes - how?'
- Shifts the 'silo' mentality
- Serves as reminder of why staff chose to work in mental health
- Connects the clinical
with the non clinical



Integrated care - translating principles and values within our services & with partners

Health Living in Practice Programme



CNWL SHINE Project



Living with Sickle Cell

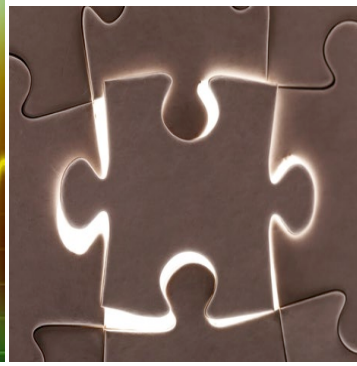
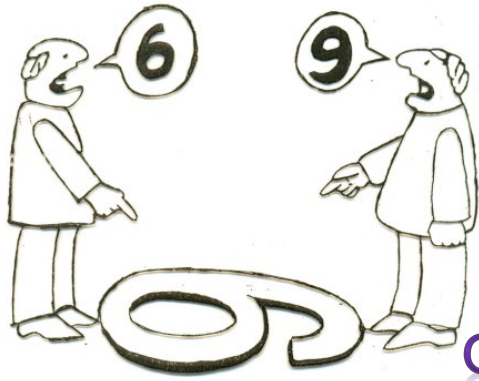




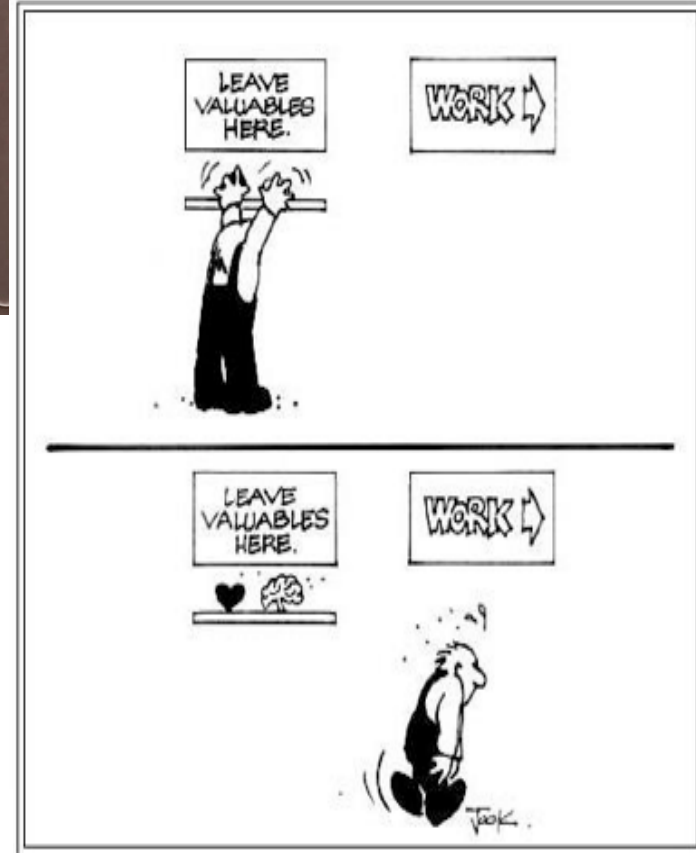
Challenges we faced

- Managing expectations, personalities & disappointments
- Living with anxiety, uncertainty & taking 'leaps of faith'
- Fire fighting: accepting that we didn't know what we didn't know
- Tackling 'sticky problems' & 'curve balls' head on
- Financial sustainability (Business Case)
- Underestimating the enormity of task
- Becoming a 'rent a peer' service





OPPORTUNITY IS NOWHERE



☐ Useful papers

- Implementing Recovery through Organisational Change. (Perkins et al 2012)
- Supporting recovery in mental health services: Quality outcomes. Implementing Recovery through Organisational Change. (Shepherd et al 2014)
- ImROC Briefing Paper 6: Team Recovery Implementation Plans

☐ Evidence for an educational approach

- Peer led self-management education for people with long-term conditions (Foster et al, 2009)
- Self-management and wellness recovery action planning for people with mental health conditions (Cook et al, 2011)
- Education in recovery and self-management (Meuser et al, 2006; Husser-Ohayon et al, 2007)
- 'Expert Patient Programmes' in a range of long-term conditions (Department of Health, 2001, 2006; Lawn et al 2006)
- Education plus Assertive Community Treatment – reduction in inpatient days compared with ACT alone (Salyers et al, 2011)

☐ Recovery College websites

- <http://www.cnwl.nhs.uk/recovery-college/> Central & North West London NHS Foundation Trust
- <http://www.swlstg-tr.nhs.uk/south-west-london-recovery-college>
- <http://www.slamrecoverycollege.co.uk/> South London & Maudsley NHS Foundation Trust
- <https://www.sussexrecoverycollege.org.uk/>