The Recovery College: A welcome addition to the mental health landscape

Eloise Stark, April 2019

In April 2018, I enrolled on a tutor training course with the Oxfordshire Recovery College. I had been in the mental health system as someone who had experienced psychological distress for the previous few years, overcoming significant adversity to reach a state of good health and wellbeing. My motivation for joining the College was to use my experiences of mental ill health, time within "the system" and personal recovery in order to benefit others who may be on similar journeys. Ralph Waldo Emerson once said that "*it is one of the most beautiful compensations of this life that no man can sincerely try to help another without helping himself*" and this quote really speaks to me as through helping others, I feel I am turning the worst experiences of my life into something positive and helpful. I often say that if I can help one person by talking about my own experiences, then the years spent unwell are not "worth it", but I can forgive my mind for turning against me briefly.

The concept of a "Recovery College" was borne out of the growing movement for recovery-oriented services, which promote the rebuilding of lives rather than the more narrow reduction of symptoms. Building resilience, supporting self-esteem and identity, focusing on strengths and finding meaning and purpose in one's life are all important. It is founded on an educational approach, in contrast to a therapeutic approach or a medical approach. There is no single definition of "recovery" which fits with the ambitions of every individual, because it is a highly personal journey. In the dictionary, it is recorded as "a return to a normal state of health, mind, or strength" but this doesn't really cover recovery in the context of mental health. You can't "return" to who you were before the illness took hold, because our experiences irrevocably change us and how we experience the world.

Everything that happens in the Recovery College is done via a principle called co-production. This means that everything we do, from designing and delivering the courses to strategic decisions, is done with the views of multiple people taken into account, such as professional expertise, and particularly the voices of those with lived experience of mental health challenges. Students have to opt-in themselves, ensuring that the motivation to take part is their own and the student chooses the courses they are interested in.

Recovery Colleges are also inclusive and for everyone – people experiencing mental health challenges, carers, friends and family, staff and volunteers from mental health services. The Recovery College is not a substitute for traditional assessment and treatment, such as from NHS mental health teams or GPs, or for mainstream education such as college or university courses. It is an adjunct to whatever help and support, education and training the individual is already receiving. From my experience, students often come to us because they feel that there is something missing in their care.

I am similar to many others who wear both the hat of the 'Expert by Experience' by virtue of lived experience of mental ill health, and the 'Expert by Training' hat. I have a BA in Experimental Psychology, and as a current PhD student in the Department of Psychiatry at the University of Oxford, I have a degree of academic knowledge about mental health. I have published research on the neuroscience of Post-Traumatic Stress Disorder, for example. Wearing the two hats can be a huge advantage. I know what is happening in the brain and to our mnemonic and cognitive systems when we have 'flashbacks' for example, but I also know how it feels to be incapacitated by a sudden, deeply traumatic memory that seems to come out of the blue.

One of the most memorable moments for me was one of my first courses, where I was exceedingly nervous. One of the students, a young man, was also visibly nervous throughout and inwardly I felt a real solidarity with him. Half way through the course when we had our break, he came up to me and asked if he could leave as he was feeling very anxious. I told him that he was welcome to leave if he felt that he needed to, but that maybe we could talk about what was difficult for him and see if we could resolve it. I told him that I was feeling anxious too, and shared some of my coping strategies. We came up with a plan for him to doodle on the handouts for the second half of the course and focus on breathing to stay calm. He managed to stay until the end of the course, and at the end we did a "check-in" to see how everyone was feeling after the afternoon of learning. He said that he felt huge pride in his ability to persevere, and the smile on his face as he left and said goodbye was enormously rewarding.

How does the language support the concept?

The language that we use is overwhelmingly important for how people perceive themselves, others, and how they relate to the world. Philosopher Ludwig Wittgenstein mused upon the power of language to influence thought, saying "the limits of my language means the limits of my world." In the context of mental health, negative language can be incredibly stigmatising and isolating, while positive words can convey principles of dignity, empathy and hope (Richards, 2018).

Examples of how the Recovery College model attempts to use language to empower is widespread. All individuals who attend courses are known as "students," not "patients" or "service users." On our courses at the Oxfordshire Recovery College we get a mixture of people who are seen in mental health services themselves, carers, family and friends, and mental health professionals, so to call them all "students" is a great leveller. All students complete the same processes of registration (not "referral"), they all complete an individual learning plan which takes their individual needs into consideration, and no student is distinguished based upon their role during the courses. Indeed, the boundaries between these roles are not always clear cut, and it is common to have students who identify as mental health professionals or carers as well as individuals with mental health needs themselves.

All individuals leading courses are known as "tutors," not "therapists" or "clinicians." There are always two tutors for each course, one with lived experience (the "Expert by Experience") and one with professional experience (the "Expert by Training"). Again, unless asked or as becomes apparent through discourse, neither tutor distinguishes themselves by their role. They are simply the tutors, here to help and equally to learn alongside the students.

Importantly, attending the Recovery College is a choice, not a "prescription" or a necessary "treatment". When students leave, they "graduate," they are not "discharged."

What might you learn at a recovery college?

Courses at the Oxfordshire Recovery College include understanding the principles of recovery and exploring one's own personal recovery journey. Some courses aim to understand common mental health experiences, such as depression, anxiety, psychosis, personality disorders, self harm, and eating disorders. Other courses invite students to engage in meaningful activity, such as Tai Chi, creative writing, art, food and wellbeing, and music. Some courses are viewed from specific perspectives, such as introduction to the caring role and parenting in recovery.

However, there is more than the specific course content that students may learn at the Recovery College. They may learn that they are not alone and that other people experience similar things to themselves. They may learn that they have shown considerable strength in just getting themselves to a course, and that their determination is commendable. They may learn that they can enjoy education once again, that they have skills and strengths they didn't realise. They may learn interpersonal skills and how to manage in groups. For carers, they may learn to see mental health from different perspectives which can help them relate to their loved one. For professionals, they may learn greater empathy or understanding. This list is certainly not exhaustive.

Do they work?

Evaluation of the Recovery College model is still in its infancy, as the first college in the UK only began a decade ago. Yet, there is a smattering of peer-reviewed research evaluating the efficacy of this model for aiding recovery, and the results are promising. Students have been found to use mental health services less after attending the Recovery College than before, and show significant reductions in occupied hospital bed days, admissions, admissions under section and community contacts in the 18 months post compared with the 18 months before registering (Bourne, Meddings, & Whittington, 2017). The authors calculated NHS savings generated by reduced service use of £1760 for students who completed a Recovery College course. In a further exploration of arts-based courses in Sussex, researchers reported statistically significant increases in self-reported mental wellbeing and involvement in arts activities following course attendance over 9 months (Stevens, Butterfield, Whittington, & Holttum, 2018). Some students spoke of increased social inclusion, and of continuing to use skills learned in the course to maintain their wellbeing.

Effective collaboration between EbT and EbE tutors has been found to be key to Recovery College course success. Meeting tutors with lived experience appears to be especially beneficial for overcoming feelings of isolation and self stigma in students, and for endorsing peer support (Cameron, Hart, Brooker, Neale, & Reardon, 2018). Conversely, some work has focused upon the experiences of clinicians filling the EbT role, and their experiences of co-production and working with individuals with lived experience. One study found that this experience may transform professional practice, as working together in an educational environment sometimes led to shifts in their perceptions of professional power and authority, which in some cases led to personal disclosures concerning their own mental health. (Delgarno & Oates, 2018).

It is clear from these initial studies that the Recovery College model is promising for both personal and professional growth. My personal perspective is that the landscape of mental health services is made irrevocably better for the presence of a Recovery College. In the current mental health system, Recovery Colleges are filling an important gap. Many mental health services are so stretched that waiting lists for assessment or treatment reach the hundreds, clinicians are at risk of burnout and people accessing these services are naturally disgruntled. Recovery Colleges often help some of the social difficulties that lead to mental ill health such as isolation or through offering volunteering positions to give people meaning and purpose. Importantly, it also allows people a sense of autonomy in choosing to learn about their recovery, that of their loved ones, or the people that they work with. In the grips of severe mental illness, our autonomy can be compromised and we can need other people to make decisions on our behalf. To be able to say, I want to recover and I am going to go out there and learn about how I can do so is incredibly empowering.

Overwhelmingly, one of the founding principles of the Recovery College model is hope, and this is something that I see every single time I teach a course. In one of our courses we check in with students at the end to ask them to give a single word which describes how they are feeling right there and then. The words we hear back are enough to make me return after even the most triggering or difficult of courses. “Empowered”, “positive”, “optimistic”, “persistent”, “hopeful”, and “not alone,” are just a few.

References

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