Authenticity starts
in the heart.

TheMHS Conference
23-26 August 2016. AUCKLAND

ISBN 978-0-9945702-1-5

Published 6 March 2017

Copies of TheMHS Conference Papers are available online at www.themhs.org

EDITORS' FOREWORD

We hope you enjoy reading these papers from the 26th annual TheMHS Conference held in Auckland, New Zealand. The papers represent a wide range of mental health topics and a broad group of people involved in mental health services. Represented in these proceedings are service providers, consumers, carers (families), researchers, educators and managers.

All papers submitted to the Editors of this Book of Proceedings by conference presenters are read by two independent reviewers. Papers are reviewed on the criteria of innovation, clarity, relevance to mental health services, coherence of the topic, and evidence. The editors have again this year, decided to include a section of highly recommended papers. These are the papers rated highest by the reviewers, against the five criteria.

HOW TO REFERENCE THIS BOOK

Cassaniti, M, Robertson, S, Dunbar, L, Orr, F, Everett, M, Prowse, L, Farhall, J, Lloyd, C, Christensen, D, *People: Authenticity starts in the heart*, Contemporary TheMHS in Mental Health Services, Auckland Conference Proceedings 2016, TheMHS Conference, Auckland, New Zealand.

DISCLAIMER

Views expressed by the authors of papers in this Book of Proceedings, do not represent the views of the editors, or of TheMHS Learning Network. Whilst all papers were subjected to a review process, accuracy of information and the content of papers, remains the responsibility of the authors. Copyright remains with the author.

TheMHS Annual Mental Health Services Conference was held at The Langham Auckland New Zealand in August 2016. There were approximately 900 people attending and approximately 250 papers and workshops were presented by people from Australia, New Zealand and a number of other countries.

EDITORS

Maria Cassaniti, Sadie Robertson, Lynne Dunbar, Fiona Orr, Michelle Everett, Liz Prowse, John Farhall, Chris Lloyd, Deb Christensen

CONFERENCE ORGANISING COMMITTEE

Jenny Boyle, Deb Christensen, David Codyre, Maliaga Erick, Rob Gill, Kevin Harper, Denise Kingi-Uluave, Colleen Mantle, Ian McKenzie, Leigh Murray, Maureen O'Hara, Robyn Shearer, Mark Smith, Caro Swanson, Rob Warriner, Kevin Yoon, Tex and Tuahana Clarke-Kuama _ tua, Te Pou o te Whakaaro Nui

CO-PRODUCING THE JOURNEY TO RECOVERY:

THE MIND RECOVERY COLLEGE™

Teresa Hall, Lisa Brophy, Helen Jordan, Dianne Hardy, Sue Belmore, Amy Scott, Heather Thompson[1], VIC

ABSTRACT

The Mind Recovery College™ was initiated by Mind Australia in 2013. This innovative service delivery model provides an alternative approach to mental health service delivery based on a co-production and education-based approach. The objectives of the Mind Recovery College™ are to: (1) Address health inequalities, (2) Take a rights-based approach to health development, (3) Enable co-production by persons with lived experience of mental health problems, and (4) Use adult learning to support recovery. In 2015, Mind Australia commissioned the Centre for Mental Health at the Melbourne School of Population and Global Health, University of Melbourne to conduct a process and preliminary outcomes evaluation. The evaluation was co-designed with Recovery College students and staff. This paper documents the progress that the Mind Recovery College™ has made in meeting its objectives and also introduces some preliminary findings from the evaluation about the student and staff experience of the College.

INTRODUCTION

The Mind Recovery College™ is based on two big ideas. The first is that learning enriches your life, and the second is that we learn from tough experiences. There is increasing interest in Recovery Colleges around the world, with 30 Recovery Colleges currently in operation in the United Kingdom. While the Mind Recovery College™ was the first Recovery College in Australia there are now four in Australia and with at least three more in development. There are also colleges in the USA, Canada, Uganda, Italy, Japan, Ireland, Belgium and growing interest from other countries. The enthusiasm for this innovation is well represented in the International Community of Practice, of which the Mind Recovery College™ is a member and currently leads, that enables Recovery College leaders from across the world to regularly participate in teleconferences and, so far, one face-to-face meeting to discuss their progress.

Table one, adapted from Perkins, Repper, Rinaldi and Brown (2012), provides a useful summary of how Recovery Colleges differ from traditional mental health service delivery models, including day admission programs.

[1] Teresa Hall, Lisa Brophy and Helen Jordan (Centre for Mental Health, Melbourne School of Population and Global Health The University of Melbourne), Dianne Hardy, Sue Belmore, Amy Scott, Heather Thompson (Mind Recovery College™) VICTORIA, AUSTRALIA.

Table One: Practical and theoretical differences underpinning the approach to mental health service provision between traditional day programs and Recovery Colleges (Perkins, Repper, Rinaldi and Brown (2012)

	From Day Program	**To Recovery College**
Consumer	Patient or client: *"I am just a mental patient"*	Student: *"I am just the same as everyone else"*
Staff	Therapist/Worker	Teacher / Tutor
Entrance	Referral	Registration/Enrolment
Focus	Professional assessment, care planning, clinical and review process	Student chooses courses that they see are relevant for themselves. Co-production of a personal learning plan.
Nature of group work	Professionally facilitated groups	Education seminars, workshops and courses
Mode of operation	Prescription: *"This is the treatment you need"*	Choice: *"Which of these courses interest you?"*
Emphasis on social interaction	Referral to social groups	Making friends with fellow students
Exit	Discharge	Graduation
Overall outcome	Segregation	Integration

The Mind Recovery College™ has been subject to considerable growth and now operates out of the central Cheltenham campus in Melbourne, Victoria with Victorian satellite campuses in Thargomimba (Wangaratta, Benalla and Wodonga), Traralgon, Bendigo, Nunawading and South Morang. The College has now expanded to Mile End in South Australia. During the period of data collection for this evaluation (January to June 2016) the Mind Recovery College™ had 10 dedicated staff that included a College Director, Operations Manager, Administration Officer, several Learning and Development Consultants and a pool of sessional facilitators. The sessional facilitators comprise a diverse group of people: some with specific subject expertise, the majority with a lived experience of mental ill-health, and some concurrently undertaking courses offered by the Mind Recovery College™. In 2014, the College ran 50 courses that were attended by 345 students (126 of whom were unique students). In 2015, this increased to 516 students, and 636 students attended courses in the first and second terms of 2016. The initial impact of the Mind Recovery College™ is reflected in the provision of a "National Disability Award for Excellence in Choice and Control in Service Delivery" in 2015.

During the first three years of the Mind Recovery College™ establishment, the College was primarily funded through two main philanthropic sponsors (Ian Potter Foundation and Lord Mayor's Charitable Foundation) and contributions from Mind Australia. The expectation was that by 2016 when the National Disability Insurance Scheme (NDIS) was scheduled to be fully rolled out, the majority of students would have NDIS funding for relevant education within their packages and so be able to afford course fees which would form the main source of funds to operate the College. Courses are

currently delivered free of charge to existing Mind clients (the majority of the student population) and their families and carers. Non-Mind affiliates, including mental health professionals and community members, can also attend the Mind Recovery College™ courses for around $50 per session and there are provisions for hardship. The delay in the role out of the NDIS has meant that no access to this funding source has been available to date.

Mind Australia commissioned researchers from the Centre for Mental Health, Melbourne School of Population and Global Health at the University of Melbourne to conduct an independent evaluation of the Mind Recovery College™. The evaluation involves four stages: (1) Evaluation plan and program logic developed in 2010 (2) an early outcomes evaluation; (3) a process and implementation evaluation; and (4) an outcomes evaluation that is yet to be conducted. This paper will present some preliminary findings from the evaluation.

Co-design approach to evaluation

The evaluation was co-designed such that persons with a lived experience of mental ill-health and families and carers worked collaboratively with the research team to ensure that the research design, methods and materials were appropriate. The co-design approach was important in designing the evaluation to identify processes relevant to multiple stakeholders. It also empowered the historically marginalized voices of persons with lived-experience of mental ill health and their families, and fostered collaboration between different stakeholders to better translate into practice (Brophy et al, 2015 and Petrakis et al, 2014).

This was achieved through consultation with the Evaluation Advisory Group throughout the evaluation process and with a group of students, family members and carers before submitting an ethics approval for the evaluation. The Evaluation Advisory Group consisted of a lived-experience representative, research representatives, Mind Recovery College™ staff representatives and Mind Australia representatives. The initial consultation group with students and family members and carers was co-facilitated by a lived experience researcher and a University of Melbourne researcher (Hall), and involved the presentation of research materials intended to be used in the evaluation. The group provided feedback on the materials which were then modified before being submitted to the Human Ethics Review process at the University of Melbourne. Ethics approval was granted for the evaluation: HERC 1545741.1.

Methods

The evaluation adopted a mixed methods design to collect quantitative and qualitative information. The opinions and experiences of students, families and carers, staff members and other community stakeholders connected with the Mind Recovery College™ were collected through a series of semi-structured interviews, responses to a survey and through a focus group discussion. The interviews with students included asking students to complete the Mind Australia Satisfaction Survey (MASS) and the Developing Recovery Enhancing Environments Measure (DREEM) (Dinnis et al 2007). The Inclusion Web (Hacking & Bates, 2008) was also used to prompt discussion about the impact of the Mind Recovery College™.

Sample

Fifty four unique individuals participated in the evaluation. The sample was 81.5% female (n = 44; male: n = 9, 16.7%; gender-free: n = 1, 1.9%), with a mean age of 43.4 years (SD = 13.1 years; range = 19 to 71 years). The majority of participants had a connection to the Cheltenham campus (75.9% of total sample, n = 41). Participation in the evaluation by students and staff was in line with expected responses such that 31 students participated in an interview, the survey or the focus group and 13 staff participated in an interview or the survey. There was a lower response rate to the survey (n = 17) than expected (n = 50). The research team also experienced difficulties in recruiting for the focus group. The first scheduled focus group was rescheduled because only one participant attended. A second focus group was conducted two weeks later (n = 5) after more targeted advertising to students. Community stakeholders were individuals who self-identified as having a connection to the Mind Recovery College™, but not as a student, family or carer or staff member. One participant was an Indigenous elder involved in the design of the Mind Recovery College™.

Findings

Quantitative analysis (frequency and averages for the satisfaction and recovery orientation measures) was conducted using SPSS 23.0.The MASS findings indicated that students have a high level of satisfaction with the Mind Recovery College™; satisfaction being highest for 'staff respect of students' and the 'safety and comfort' of the service. Satisfaction with 'staff respect for students' is in line with interview comments that highlighted the neutral power dynamics between staff and students at the Mind Recovery College™, and the approachability and professionalism of staff. The standardised DREEM measure revealed that the Mind Recovery College™ service environment was orientated towards promoting learning and growth. This finding was also reflected in student reports that the Mind Recovery College™ had the greatest impact on education and learning in their lives. All respondents to the MASS reported their intention to use the Mind Recovery College™ again.

The qualitative analysis on the interviews was initially undertaken by one of the researchers (TH) and then the coding framework and was further developed following a second round of thematic analysis of interviews by a more senior researcher (LB). The following thirteen main themes emerged from the data: process, content, access, environment, delivery, ways of operating, context, knowledge of other programs, implementation enablers, implementation challenges, Mind Recovery College Model, links with other services, impacts and outcomes. Overall, students reported that the Mind Recovery College™ had a resoundingly positive impact on many aspects of their lives. For example:

> *"This College gets people to stand up. You come in and you might be crawling on the floor and then you get to sitting up you know it's like you've got to walk before you can run before you can fly and the College can get you to do that" (Student)*

A key theme identified in the qualitative interviews was that the Recovery College is an *enabling environment* that offers a sense of community:

> *"[Students can] share in [their] experiences and hear from others with experiences either similar or different, and in the process of doing that actually develop relationships with other people" (Staff).*

Participants identified that the college had non-clinical focus:

> *"[Students are] treated like a person, they're not treated like a patient or a service user or a client as sometimes [they've] experienced in other areas of mental health" (Staff).*

There was also an indication of a more neutral power dynamic happening between staff and students at the College than experienced in other mental health service settings:

> *"I really did like the fact that… the educators were on the same level as the students; that was something that for me made this outstanding, and very remarkable" (Student).*

The most commonly reported impact for students was in education and learning and for many students, attendance at the service provided them with access to new knowledge and ways of thinking.

> *"By coming to a number of programmes I've had clarity and understanding where I can take particular steps forward in my life… [Previously] I, lacked understanding, and it was kind of like I had these blinkers" (Student)*

A healthy lifestyle was also facilitated:

> *"[Attending the College] made me smoke less and be more confident and less anxious" (Student)*

Another common area of impact reported by students was on employment. Several students had taken up the opportunity to participate in the formulation and facilitation of courses either on a paid or

voluntary basis. For other students, their conceptualisation of employment had expanded after coming to the Mind Recovery College™ to include knowledge of career options in peer support.

> *"[the] Recovery College make me understand alternative way of employment, like suits more to people who has got difficulties with the mentality" (Student).*

Different understandings of the Mind Recovery College™ shaped how people engaged with the service. The Mind Recovery College™ was conceptualised in three main ways: (1) as an education service, (2) as a different service model, and (3) as a complementary mental health service. The majority of participants identified and appreciated the education elements of the Mind Recovery College™.

The 'enabling environment' of the Mind Recovery College™ was identified as a key driver for positive experiences from students and families and carers. The Mind Recovery College™ has promoted a strong community and connection between students and staff. Participants enjoyed the ability to relate to other students and staff with lived experience in a way that they had not experienced in other mental health settings. Some participants identified the Recovery College as primarily an education service that got people together as students in new and interesting ways. This included as a "stepping stone" to other options i.e. employment, volunteering, education:

> *"at the moment…I don't have the confidence to be in a so called normal classroom environment and university setup. So I sort of feel this will be a good stepping stone until I get into that university sort of set up" (student)*

For others, the Mind Recovery College™ was a source of knowledge; to gain new perspectives *("knowledge is power"):*

> *"I'm getting more knowledge and learning skills and getting information and resources… And also access to people who have expertise in certain areas." (Student)*

Many students reported that the environment of the Mind Recovery College™ instilled hope that their lived experience of mental ill-health had value. For some students, it was the idea that they could use their lived experience in the future:

> *" it's an encouraging thing to sort of see people that have a lived experience that were actually running and facilitating the course, and then speaking openly about that, it does give you hope that you are not going to be stuck where you may have been for a long time" (Carer).*

Participants also emphasized the importance of ensuring that all courses were recovery orientated and holistic including aspects of both physical and mental wellbeing. Students enjoyed and requested employment orientated courses that assisted them to build their skills and curriculum vitae. For many students the Mind Recovery College™ provided them with a space for meaningful social interaction.

Staff reported a positive experience of working at the Mind Recovery College™. For some staff, the chance to witness personal growth in the students was rewarding. For other staff, it was the experience of working in the service environment that encouraged them to think that a 'different way' of delivering mental health services was possible. The majority of students valued the skills and passion of the Mind Recovery College™ staff, particularly the course facilitators.

Some students reported challenging aspects of attending the Mind Recovery College™ that were not intended in the implementation. The most commonly reported challenge was having to handle the distress of other students during a course. A small number of students reported that attending the Mind Recovery College™ had sometimes been a trigger for their past pain. However, all the students who reported these adverse experiences continued to attend the College. The documentation review revealed that staff were trained to support students with distress. Some students also reported dissatisfaction with the concept of recovery as promoted by the Mind Recovery College, believing

instead that recovery was not possible but 'discovery' was. A final unintended outcome experienced by some students was around managing the time conflict between taking courses and involvement in other activities.

IN CONCLUSION

There is strong evidence that the Mind Recovery College™ has carved a new space for recovery-orientated mental health service provision. The results presented here about the early outcomes and impacts of the College, collected through semi-structured interviews, survey responses and a focus group, suggest that the Mind Recovery College™ is operating primarily as an educational service founded upon the principles of co-production and consumer empowerment. Students, staff, families, carers, and community stakeholders in contact with the College were overwhelmingly positive about the potential for the Mind Recovery College™ to serve as a recovery-orientated educational service, with direct educational benefits of knowledge and skill acquisition and therapeutic impacts of increased confidence, feelings of connection and community and social integration. The positive potential for different approaches to mental health service delivery were evident for students, families and carers, staff members and Mind professionals in contact with the College.

The ability for the Mind Recovery College™ to cater to the needs, learning preferences, abilities and support needs of a wide-range of people was also evident. The role of the College in a broad range of people's lives, including those with complex needs, is of particular importance in the context of the roll out of the National Disability Insurance Scheme (NDIS). Importantly, the impacts discussed by students demonstrate an improvement across settings including the achievement of educational qualifications, employment, self-care, and social engagement within the community.

REFERENCES

Brophy L, Bruxner, A., Wilson, E., Cocks, N., & Stylianou, M.(2015) How Social Work Can Contribute in the Shift to Personalised, Recovery-Oriented Psycho-Social Disability Support Services. *British Journal of Social Work*, 45(suppl 1):i98-i116.

Dinnis S, Roberts G, Hubbard C, Hounsell J, Webb R (2007) User-led assessment of a recovery service using DREEM. *Psychiatric Bulletin*, 31:124-127.

Hacking S and Bates P (2008). The Inclusion Web as a tool for person-centred planning and service evaluation. *Mental Health Review Journal: Research, Policy and Practice*.13(2):4-15.

Perkins R, Repper J, Rinaldi M, Brown H (2012) *Recovery Colleges. ImROC (Implementing Recovery through Organisational Change) Briefing Paper One*. In. London: Centre for Mental Health and NHS Confederation Mental Health Network.

Petrakis M, Brophy L, Lewis J, Stylianou M, Scotta M, Cocks N, et al (2014). Consumer measures and research coproduction: A pilot study evaluating the recovery orientation of a mental health program collaboration. *Asia Pacific Journal of Social Work and Development.*;24(1-2): 94-108.