



mental health
community coalition ACT Inc.

A Mental Health Recovery College for Canberra

**A submission to the ACT Government
by the Mental Health Community Coalition ACT**

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This project was funded by ACT Health to develop a comprehensive, evidence based design for an ACT Recovery College

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A message from the Steering Committee

'It built my capacity for coping. But most of all, I was introduced to the life-saving concept of hope. And now I believe there is a future for me.'

Student, Sussex Recovery College, Sussex UK, 2015¹

Canberra has always been a city with an eye to the future. An innovator, an educator, with a wealth of intellectual capacity, social capital and progressive social policies, especially in health and education. Our willingness to embrace progress and innovation has contributed to a higher standard of living, learning and health than most Australian communities enjoy.

Like all communities though, we know the impact that serious, intractable health issues can have on our people, in particular mental illness – a leading cause of chronic disease, a thief of futures.

Approximately 76,400 Canberrans – one in five – will experience a mental illness in any year.² We all know someone, their family, their friends ...

Our public and community mental health bodies consistently provide a high level of quality service and care, but they are stretched. Demand exceeds supply. Often need is hidden. People don't seek help – perhaps because of stigma, long waiting periods for services, or a lack of understanding about what services are available.

A national survey in 2007 indicated that at least 65 per cent of people with mental illness do not seek treatment.³ Some continue with everyday life until the illness becomes severe and they enter the mental health system at an acute stage. Some drop out of the workforce, remain unwell, live on welfare and lead a diminished life.

The impact of and stigma surrounding mental illness is at odds with the vision for Canberra to be 'an inclusive and welcoming society ... determined to help everyone reach their full potential', as stated in this year's ACT Government Budget. The Budget's Social Inclusion Statement says: 'The 2017–18 Budget delivers a range of initiatives to advance this goal, including more and better mental health services, support for multicultural communities and stronger homelessness services. Through this Budget, the Government is continuing to ensure diversity and difference are celebrated and supported instead of becoming obstacles to full participation in our community.'⁴

The mental health community shares the Government's desire to help everyone have the opportunity to reach their full potential and participate fully in our community.

This submission is about a new way that we can do this. It is about using the innovative approach Canberra is known for to combine contemporary mental health knowledge and the proven principles of adult education to create a new educational mental health service – a Recovery College.

A Recovery College is an innovative approach in which lived experience informs learning, co-design provides collaboration, best practices in mental health and adult learning join forces, and the students, their families, the mental health sector and the community benefit from new opportunities and the realisation of potential.

A Recovery College is not a clinical service nor a traditional community-managed service, however it neatly reinforces the recovery objectives of both these areas and meets an area of need in the health system.

Various organisations in Canberra offer training and learning courses around mental health, however there is no 'one-stop-shop' place for recovery oriented learning, with a menu of courses to choose from, that students can dip in and out of according to their individual needs and aspirations. An individual does not need a referral to access a Recovery College – in fact they don't even need to identify their experience of mental illness. A Recovery College provides a soft entry point for anyone who wants to engage with it, and for anyone who wants to take more control and build more understanding around their individual recovery journey.

A Recovery College would provide new opportunities for our one in five Canberrans. It would be a form of early intervention for people newly-diagnosed, a guiding hand for people trying to manage a chronic condition, and a path to community re-entry for people whose severe ill-health has sidelined them from society. A beacon of hope.

As representatives of the mental health community, we strongly and enthusiastically endorse the establishment of a Recovery College in Canberra and commend this submission to the ACT Government.

Canberra Recovery College Project Steering Committee

October 2017

STEERING COMMITTEE MEMBERSHIP

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Executive summary

A Recovery College is an adult learning centre at which all courses focus on an individual's management of mental illness and promote self-directed individual recovery. Recovery Colleges aim to help people with mental illness regain control of their lives, manage their illness, and participate more in the community.

Recovery Colleges fill a unique position in the breadth of mental health services. They are not clinical or therapeutic in nature; neither are they the same as community managed services. They complement these services, and share the same objectives of recovery and community participation – but they provide something substantively different.

Access to a Recovery College is not dependent on a referral; nor is it dependent on any other former educational attainments. They provide an opportunity for self-directed learning at a pace and with a subject selection decided by the individual. Support is provided for students of a Recovery College as they navigate this journey – but unlike other educational settings, each student's experience is driven by individual preferences and are not pre-ordained pathways.

Recovery Colleges are steadfastly grounded in the principles of co-design, co-production and co-delivery, an innovative approach in which people with lived experience of mental illness are equal partners with mental health professionals. This provides powerful learning for both parties; it breaks down stigma; and improves learning outcomes. Very importantly it empowers individuals to take control of their lives, including in how they manage their mental health.

The concept of the Recovery College is less than a decade old, but colleges in the UK are already showing excellent results. These include:

- a positive impact on wellness amongst students
- a reduction in the demands on local mental health services
- a high demand for courses and high levels of satisfaction by students
- high levels of student progression to further study, employment or volunteering.⁵

Recovery Colleges are proving themselves to be cost-effective investments, with outcomes that reduce the burden of mental illness on the more expensive clinical services and instead increase the social and economic participation of people with mental illness.

So effective and popular have they been in the UK, there are now more than 40 throughout the country. In Australia, the first college opened in Melbourne in 2013. It now has nine campuses in regional Victoria and South Australia. There are also two colleges in Sydney and one in development in Perth.

This paper presents:

- **Part 1:** an examination of Recovery Colleges as innovative, effective additions to mental health services, internationally and in Australia
- **Part 2:** the case for a Recovery College in Canberra, including the mental health community's high level of support and the anticipated benefits a college would bring to individuals, the community, the mental health sector and the government
- **Part 3:** an examination of existing models for a Recovery College, internationally and in Australia
- **Part 4:** a proposed model specifically tailored for the ACT community that combines the strengths and expertise of the three critical sectors concerned with the mental health of

the Canberra community – the community mental health sector, the adult education sector, and the government sector.

Background

Interest in having a Recovery College in Canberra began in 2015, when Richmond Fellowship hosted a talk by international doyen of Recovery Colleges, clinical psychologist Dr Rachel Perkins from the UK. As the peak body, Mental Health Community Coalition ACT (MHCC ACT) was tasked to lead the way towards a Recovery College for Canberra. In 2016, MHCC ACT put a submission to the ACT Government and funding for a design project was provided in the 2016–17 Budget.

Representatives of ACT Health have contributed to this investment through their time and expertise as members of the project's Steering Committee, which also includes consumers, carers and representatives of the community mental health sector.

The paper is presented by MHCC ACT, on behalf of Canberra's mental health community, to the ACT Government.

Part 1: The case for Recovery Colleges

CONTEXT

Studies over the past decade paint a disturbing picture about the incidence and impact of mental illness in Australia.

The National Mental Health Commission believes there is a link between the mental wellbeing of Australians and our economic growth as a nation. The cost of mental ill-health in Australia each year is around four per cent of GDP (about \$4000 for every tax payer) and it costs the nation more than \$60 billion. The Commission's work to date has shown that improving mental health is an invest-to-save issue. As such, the Commission argues that strategies to facilitate national mental health should be a critical part of Australia's economic agenda⁶.

In 2007, the Australian Bureau of Statistics (ABS) *National Survey of Mental Health and Wellbeing* found that an estimated 3.2 million Australians (20 per cent of the population) had a mental disorder [illness] in the 12 months prior to the survey.

The survey also showed that:

- only 35 per cent of people with a mental disorder had used a health service and 29 per cent consulted a GP within the 12 months before the survey
- almost half of Australians aged 16 to 85 years reported that they would have met the criteria for a diagnosis of a mental disorder at some point in their life
- that people unemployed or not in the paid workforce had the highest rates of mental disorder, a prevalence rate of 26 per cent for unemployed men and 34 per cent for unemployed women
- over a four week period, people with a mental disorder averaged three days 'out of role' (ie unable to undertake normal activity because of health problems). This compared with one day out of role for people with no health issues.⁷

In 2011, the Organisation for Economic Cooperation and Development (OECD) stated that Australia has one of the lowest rates of employment participation by people with lived experience of mental illness.⁸

In 2013, the ABS reported that the annual cost of mental illness in Australia was estimated at \$20 billion, which includes the cost of loss of productivity and labour force participation.⁹

BACKGROUND

Mental Health Recovery Colleges have existed since 2000 in the USA and 2009 in the United Kingdom, USA and more recently Australia. They are still a relatively new phenomenon, and certainly in their infancy in Australia. Even so, early evidence indicates that Recovery Colleges have a range of benefits, including:

- are an effective means of early intervention for people in the early stages of mental illness
- strong demand by people with mental illness – evidenced by rapid expansion in enrolments and the rapid growth of colleges in the UK
- create the learning and confidence that enable people to take more effective control and management of their health

- enable people to reconnect with the community and participate more fully in life, potentially moving onto mainstream education, employment or community work
- can have a long-term impact that potentially reduces the demand on mental health services and hospitals
- provide the opportunity for clinicians and allied health professionals to work alongside people with lived experience and gain insight that can inform developments in their practice
- enable governments and the mental health sector to promote and deliver on the aims of person-centred, recovery-based policies that shape contemporary mental health practice.

There has not been a broad study done on cost-effectiveness of Recovery Colleges, however evaluations from individual colleges indicate that they are cost-effective and provide a good return on investment. *(See p.16)*

WHAT IS A RECOVERY COLLEGE?

A Recovery College is an adult learning organisation at which all courses focus on managing mental illness and promoting individual recovery. Recovery Colleges have the specific purpose of inspiring hope and self-empowerment, learning and connection through their culture, environment and relationships. They aim to enable people with mental illness to take control of their lives, and they improve access to opportunities and integration with the community.

Their defining features include:

- soft entry point – no need for referral or any particular pathway; no fees
- colleges reflect recovery principles in all aspects of their culture and operation
- courses are developed and learning is delivered by people with lived experience of mental illness working alongside other professionals (co-design, co-production, co-delivery).
- they offer courses on mental illnesses, life skills, caring and other topics including transition to further education and work
- they are aimed at three target groups – people with mental illness, carers and family members of those with mental illness, and professionals working in mental health
- in addition to the target groups above, they are open to anyone who is interested in or has need to learn more about mental health issues
- they are usually open to people over 18 years of age, although some more established colleges offer some classes specifically for people over 16 years of age
- students have individual learning plans reflecting their goals
- a physical base in a building which includes at least one classroom, a student lounge/library/workroom, kitchen and bathroom facilities and work space for staff and educators – though courses can be held at other locations

Recovery Colleges complement other mental health services and help increase participants' ability to build a meaningful and satisfying life, stay well and reduce the incidence and severity of relapse. In doing this, Recovery Colleges have the potential to lessen the burden on a community's mental health services. *(See p.15)*

HOW RECOVERY COLLEGES DIFFER FROM OTHER MENTAL HEALTH SERVICES

Recovery Colleges are places of education; they are not day centres or service providers. They do not take a clinical approach of focusing on symptom reduction; they take an educational approach and focus on building strengths and capacity. In doing this, they complement and build on other mental health services.

For instance, in traditional clinical settings, health information is passed from professional to patient In contrast, an educational approach gives agency back to the individual, inspires hope and provides opportunities for the future above and beyond symptom management.¹⁰ (Taggart & Kempton, 2015)

The **following tables** from Perkins, Repper, Rinaldi and Brown (2012) sum up the fundamental differences in approach between Recovery Colleges and clinical / treatment-based services.¹¹

FUNDAMENTAL DIFFERENCES BETWEEN RECOVERY COLLEGES AND TRADITIONAL SERVICES.

Therapy and education

A therapeutic approach	An educational approach
Focuses on problems, deficits and dysfunctions	Helps people recognise and make use of their talents and resources
Strays beyond formal therapy sessions and becomes the over-arching paradigm	Assists people in exploring their possibilities and developing their skills
Transforms all activities into therapies – work therapy, gardening therapy etc	Supports people to achieve their goals and ambitions
Problems are defined, and the type of therapy is chosen, by the professional ‘expert’	Staff become coaches who help people find their own solutions
Maintains the power imbalances and reinforces the belief that all expertise lies with the professionals.	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.

Perkins, Repper, Rinaldi and Brown (2012)

A Recovery College is not a day centre

From day centre	To Recovery College
Patient or client: ‘I am just a mental patient’	Student: ‘I am just the same as everyone else’
Therapist	Tutor
Referral	Registration
Professionally facilitated groups	Co-production of a personal learning plan, including learning support agreed by student
Professional assessment, care planning, clinical notes and review process	Education seminars, workshops and courses
Prescription: ‘This is the treatment you need’	Choice: ‘Which of these courses interest you?’
Referral to social groups	Making friends with fellow students
Discharge	Graduation
Segregation	Integration

Perkins, Repper, Rinaldi and Brown (2012)

Recovery-oriented services

Recovery-oriented services are strengths-based and focus on capacity-building. Recovery-oriented services are person-centred and tailor supports to meet the needs of individuals. Recovery-oriented services often include mentoring or peer mentoring and often include elements of psycho-education. However, recovery-oriented services also have target groups, eligibility criteria, and program participants remain in a client role. Participants enter recovery-oriented services to get support from professionals.

In comparison recovery colleges are person-directed. Colleges are open to anyone and participants attend colleges to learn. Recovery college participants are students and choose which courses to attend in their individual learning journey. Recovery colleges are fundamentally based on co-design, and the course offering is driven by student interest and demand. All courses are co-designed by people with lived experience and people with professional experience. Participants enter recovery colleges to learn from and with other people with similar interests or experiences.

CORE CONCEPTS AND PRINCIPLES

Recovery

In the context of mental illness, recovery is not synonymous with cure, nor is it necessarily about *overcoming* illness or injury. It is a process in which people move from a place of ill health where functioning is difficult, to a place of better health where people function and live a satisfying life on their own terms.

Recovery means I am not cured; but I can get out bed in the morning and be about the business of living.

Participant, stakeholder co-design workshops,
Canberra May 2017

As stated in the Commonwealth Government's *A national framework for recovery-oriented mental health services: guide for practitioners and providers*:

*Recovery-oriented approaches offer a transformative conceptual framework for practice, culture and service delivery in mental health service provision. The lived experience and insights of people with mental health issues and their families are at the heart of recovery-oriented culture. The concept of recovery was conceived by, and for, people living with mental health issues to describe their own experiences and journeys and to affirm personal identity beyond the constraints of their diagnoses.*¹²(Department of Health, 2013)

For people who live with mental illness, recovery is largely about creating the conditions in which they are able to live a full and satisfying life, focusing on what they *can* do, not what they can't. Recovery Colleges operate on the premise that this is realisable through learning with and connecting with peers (others who have lived experience), and with mental health educators who respect and value lived experience.

The vision statements of Recovery Colleges in Australia and overseas centre on these concepts, with signature statements such as those following:

**Learning and growth for
mental health**

South Eastern Sydney
Recovery College

**Where people with real life
experience share**

what works

Mind Australia Recovery College

**A learning journey to
wellbeing**

Sussex Recovery College UK

Hope. Control. Opportunity

Nottingham Recovery College, UK

Deputy Director and Specialist Services Manager of the Central North West London Recovery College Stuart Bell says: 'I think Recovery College is central in terms of continuing to develop recovery-focused services, through shifting emphasis away from symptom reduction and more into rebuilding individual's lives.'¹³

Co-design, co-production and co-facilitation

President of the International Association for Community Development, Dr Ingrid Burkett, has described co-design as *'engaging consumers and users of products and services in the design process – with the idea that this will ultimately lead to improvements and innovation. Co-design builds from such frameworks as person-centred practices where citizens become active partners in the change process ... Collaborative, cooperative and community-centred approaches to creating social good will lead to more effective services and greater social impact.'*¹⁴

In the mental health sense, co-design, co-production and co-facilitation mean the process of working within an equal, respectful partnership between mental health professionals and people with lived experience.

Recovery Colleges are designed and operated, and courses are developed and delivered, in collaborative partnerships between people with lived experience (including carers) on the one hand, and clinicians, support workers, other mental health professionals and educators, on the other. **Each course is developed and delivered by a peer (lived experience) educator and a mental health professional educator working together as equals.**

The use of co-design, co-production and co-facilitation enhances the transformative concepts now intrinsic to mental health service delivery and embodied in the National Framework for Recovery-oriented Mental Health – including the centrality of lived experience and the promotion of self-determination.

EXISTING RECOVERY COLLEGES

The Recovery College concept first emerged in 2000 in America, when the Recovery Innovation of Arizona (RIA) set up a Recovery Education Centre. RIA's revolutionary ethos was that **'Education is the catalyst for transformation. Role transformation occurs as each participant shifts from a primary identity as 'mental patient' to student to colleague to citizen.'**¹⁵ The Recovery Education Center is licensed as a post-secondary vocational institution by the State of Arizona. Today the Centre has around 300 students enrolled at any given time.

The first Recovery Colleges opened in the UK about seven years ago. They were immediately in demand, with trial courses quickly becoming popular. They began to expand, in number and size,

during the time the national mental health reform agenda ‘No Health without Mental Health’ was promulgated, from 2010.

The first college in England was set up in South West London and St George’s in January 2010. This college started with a core staff of one full-time mental health practitioner and four part-time peer trainers providing eight pilot courses. By the time it officially launched later that same year it offered 52 courses in 11 locations serving around 50 people per day. A total of 1350 different people used the college in its first year of operation.

The Nottingham Recovery College is perhaps the best known of the UK colleges. It started with a core staff of one full-time mental health practitioner and 12 courses run by four sessional peer and sessional staff trainers drawn from other teams within Nottinghamshire Healthcare NHS Trust. In its third term the college offered 101 courses spanning 45 different topics, running in eight locations.

According to the Director of Implementing Recovery through Organisational Change (ImROC), Dr Julie Repper, there are now more than 40 colleges in operation in the UK’s major cities and some regional areas. Most run approximately 100 courses per term (3 terms per year) with 10–15 students per course (this equates to 1000 student contacts per term, 3000 per year).¹⁶

AUSTRALIA’S PIONEERS

In Australia there are Recovery Colleges operating or in development in New South Wales, Victoria, South Australia and Western Australia.

The first Recovery College in Sydney, the South East Sydney Recovery College, opened in 2014. It is funded by the South Eastern Sydney Local Health District. Courses are mostly run in partnership with the City East and St George and Sutherland Community Colleges and at other locations in the St George area and Sutherland Shire.

The longest established college in Australia is run by mental health service provider Mind Australia. The Mind Recovery College™ opened in 2013 to provide a different approach to community-managed mental health service delivery based on co-production and education-based approaches. Principles underpinning the Mind Recovery College™ are

- co-production by persons with lived experience of mental health problems
- and adult learning approaches to support recovery.

EVIDENCE OF POSITIVE OUTCOMES

FIRST AUSTRALIAN EVALUATION – MIND RECOVERY COLLEGE

In 2016, 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™.¹⁷

Students reported a high level of satisfaction with the college and indicated that its strengths were in its promotion of learning and growth, in being inspiring and encouraging, and the caring and compassionate staff. Students also highly rated the availability of resources and the response to student feedback.

Overall, students reported that the college had a resoundingly positive impact on various aspects of their lives. The three strongest impacts were in the areas of further education, healthier lifestyles and expanded employment horizons

The most frequently reported impact of the Mind Recovery College™ on students was the opportunity for education and learning. For many students, attendance at the service provided them with access to new knowledge and ways of thinking. A common experience of students was that the Mind Recovery College™ provided a pathway to future options, including for education: *'at the moment I don't feel confident enough to [go to a tertiary college] so [the Mind Recovery College™] is a good stepping stone because you're still learning* (student).

The second most frequently reported impact on students was that the Mind Recovery College™ encouraged them to adopt and maintain a healthy lifestyle.

The third most 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 Mind Recovery College™ gave some students structure to their lives, without which *'I haven't got a purpose to get out of bed'* (student).¹⁸

RAPID GROWTH IN LINE WITH DEMAND

The rate at which the concept of Recovery Colleges has been taken up suggests that they appeal strongly to consumers, and meet an important need. The UK Centre for Mental Health and NHS Confederation Mental Health Network have been reported in media saying 'Recovery Colleges are transforming mental health services' in the UK.¹⁹

Recovery College courses have certainly been well received. In response to demand Nottingham Recovery College doubled the number of courses they were offering in just its the second term of operation, and regularly fill all 100 plus courses they offer. (Repper et al 2011).²⁰

Sussex Recovery College held its first courses in 2013, and more than 1,000 students have since attended. The college has shown positive outcomes, with more than 95 per cent of students saying they would recommend the course they did to others.²¹

Student numbers at the Mind Recovery College in Victoria almost doubled in its first two years.

POSITIVE IMPACT ON WELLNESS

South West London and St Georges Recovery College found that, after attending the Recovery College, students felt more hopeful about the future; more able to achieve their goals; had their own recovery plans; had more friendships and work opportunities; and used mental health services less. (Rinaldi and Wybourn, 2011).²²

In addition, a study by the Southern Health NHS Foundation Trust included a focus group of staff, students and carers. They indicated:

- they value training that is developed, delivered and received by both service users and clinicians
- courses allow students to reflect on periods of being 'stuck' (as service users, clinicians and friends and family members)
- courses enable students to make personal and professional change

- courses help students to look to the future as individuals and in terms of wider service provision.²³

In 2015, Meddings et al reported that in two studies, students' quality of life and wellbeing significantly improved after attending Recovery Colleges (as measured by the Warwick Edinburgh Wellbeing Scale and MANSA, 2015; North Essex Research Network, 2014).²⁴

It built my capacity for coping. But most of all, I was introduced to the life-saving concept of hope. And now I believe there is a future for me.

Student, Sussex Recovery College, Sussex UK, 2015

REDUCTION IN DEMAND ON MENTAL HEALTH SERVICES

In the UK, the journal *Mental Health Today* has reported that the growth of Recovery Colleges in recent years is helping fill a gap in mental health service provision between in-patient care and outpatients' recovery within the community.²⁵

In their study *The route to employment: the role of mental health Recovery Colleges*, Holly Taggart and James Kempton examined the work of seven Recovery Colleges in the UK. Amongst their findings were that:

- most (81 per cent) of students had developed their own plan for managing their problems and staying well
- those who attended more than 70 per cent of their scheduled sessions (67 per cent of those who started) showed a significant reduction in use of community mental health services.²⁶

Recovery College Coordinator of the Wakefield and 5 Towns Recovery College UK Lindsey Taylor-Crossley, says: 'To date, we have found that students who are in mental health services do not make use of services as much after attending a Recovery College, they feel more able to take on volunteering or paid employment, have an increased sense of confidence and self-esteem and more integrated with their community. This reflects the benefits of the community.'²⁷

STUDENT PROGRESSION TO FURTHER STUDY OR EMPLOYMENT

Recovery Colleges can help students reduce the incidence and severity of relapse, and enable them to gain confidence, skills and participate more fully in life. For many, this can become a launch pad into mainstream education, employment and re-connection with the community.

Taggart and Kempton found that up to 70 per cent of Recovery College students go on to find work, become mainstream students or become a volunteer.²⁸

'Overall, we believe that Recovery Colleges have the capacity to do more in helping people access work for the following reasons: Recovery Colleges have the infrastructure, teachers have a relationship with their students and a mission to embrace the notion of employability as a legitimate and valued goal for the recovery process.'

*As the recovery model matures, there is significant scope for better integration with other education and employment focused interventions.*¹⁶

Rinaldi and Wybourn (2011) reported that 18 months after first attending college, almost 70 per cent of students surveyed had become mainstream students, gained employment or started volunteering.²⁹

The 2011 study *Mental Health and Wellbeing in the ACT*, a collaborative work of the Centre for Mental Health Research at the Australian National University and ACT Health found that ‘employment was protective against suicide, as suicide ideators without work were nearly nine times more likely to attempt than ideators who worked’.³⁰ Given this, the role of Recovery Colleges in helping students return to employment could be significant in suicide prevention.

*I've got a lot of tools in my [mental health] toolkit
from Recovery College*

Student, Camden and Islington Recovery College UK, 201X

RETURN ON INVESTMENT

Most evaluations on Recovery Colleges have been qualitative studies examining the impact on students’ health and wellbeing.

However, the Barnsley Recovery College, operated by the South West Yorkshire NHS Partnership Foundation Trust (SWYPFT) has undertaken a quantitative evaluation which found that:³¹

- for every £1 invested in the college, approximately £4 was returned on the investment
- for every £1, there was a £10.81 social return on investment. ³² [A principles-based method for measuring extra-financial value not reflected in conventional financial accounts.]

As part of its study, the Barnsley Recovery College analysed a random sample of secondary care service users’ contact with services, considering the nature of the package of care (including staff costs) prior to undertaking a Recovery College course and after undertaking a Recovery College course.

An initial sample of 10 people was undertaken to test the methodology. For those 10 people (in total), the pre-Recovery College support from SWYPFT and local authority staff equated to £6,821 over six months, and post-college support equated to £2,485.

A second data set of 40 people was analysed. For those 40 people (in total), the pre-Recovery College support from SWYPFT and local authority staff equated to £11,205 over six month and post-college support equated to £3,757.³³

Part 2: The case for a Recovery College in Canberra

CONTEXT

In 2007, the *National Survey of Mental Health and Wellbeing* found that almost half (45%) of all Australians had a mental health disorder at some point in their life and one in five (20 per cent of the population) had a mental disorder [illness] in the 12 months prior to the survey. The survey also showed that:

- only 35 per cent of people with a mental disorder had used a health service and 29 per cent consulted a GP within the 12 months before the survey
- that people unemployed or not in the paid workforce had the highest rates of mental disorder, a prevalence rate of 26 per cent for unemployed men and 34 per cent for unemployed women
- over a four week period, people with a mental disorder averaged three days 'out of role' (ie unable to undertake normal activity because of health problems). This compared with one day out of role for people with no health issues.³⁴

In 2011, the Organisation for Economic Cooperation and Development (OECD) stated that Australia has one of the lowest rates of employment participation by people with lived experience of mental illness.³⁵

These remain the most reliable figures for the prevalence of mental health disorders in Australia and studies show that the incidence and impact of mental illness in Canberra is consistent with these national figures.

An example is the 2011 study *Mental Health and Wellbeing in the ACT*, a collaborative work of the Centre for Mental Health Research at the Australian National University and ACT Health, which presented the following statistics:

- 9.4 per cent of 28–32 year-olds, 6.8 per cent of 48–52 year-olds and 5 per cent of 64–68 year-olds reported symptoms consistent with a depressive disorder during the previous fortnight.
- 9.4 per cent of 28–32 year-olds, 5.8 per cent of 48–52 year-olds and 3.2 per cent of 64–68 year-old Canberra region residents reported clinical levels of anxiety symptoms in the past month.
- 19.5 per cent of 28–32 year-olds, 15.6 per cent of 48–52 year-olds and 9.2 per cent of 64–68 year-olds experienced moderate to severe levels of mental health impairment.
- Suicide ideation is common in the Canberra community, with 6.1 per cent of adults in the sample reporting suicidal thoughts and 0.5 per cent reporting suicide attempts at the most recent survey.³⁶

The Australian Health Survey 2011-13 estimated that three in 20 ACT people (15.5%) have mental or behavioural conditions, the highest proportion of all states and territories (Australia: 13.4%).

Government prioritisation of mental health in the ACT has led to the appointment of the first Minister for Mental Health and the announcement in 2016 of the intent to establish an Office for Mental Health.

A Recovery College would offer people with mental health issues in the ACT a new way to self-direct their recovery journey, regardless of the severity of their mental health issues, or whether or not they are engaged with other services.

THE POLICY FIT

Current mental health planning and legislation, nationally and in the ACT, indicates that the principles and objectives of Recovery Colleges accord with current policy goals. The key differences between what is envisaged in current policy and what is delivered by Recovery Colleges is that policies largely focus on treatment models and service delivery and Recovery Colleges operate on an education model. The goals are the same, the road towards them is different.

This policy fit – with its focus on recovery principles, valuing lived experience and supporting personal agency for consumers – applies regardless of a student’s mental health condition. It also applies regardless of whether a student is in treatment, receiving support services, has support along a stepped care continuum, or is simply seeking education and personal learning which is not part of a clinician’s or service’s plan.

Due to its ease of access and person centred approach, it is expected that the Recovery College will attract a good proportion of students with no formal involvement with the public mental health ‘system’.

ACT Mental Health Act 2015

A Recovery College in Canberra would be congruent with the ethos of the ACT’s *Mental Health Act 2015*, in particular the aims of empowering people with mental illness, helping them with self-management and optimising recovery.

As stated on ACT Health’s website:

‘On 1 March 2016, the ACT’s new Mental Health Act 2015 came into effect, giving those in the ACT living with a mental illness, or their carers and family members, greater opportunity to contribute to decisions on their treatment, care and support.

The Act is the result of years of consultation with people with lived experience of mental illness, together with their carers and clinicians, and is about empowering people in our community with mental illnesses and mental disorders to make critical decisions about their treatment, care and support to the best of their ability, and with the involvement of carers, close family and friends. It is also about helping them with self-management and optimising recovery.³⁷

These aims are consistent with outcomes experienced by Recovery Colleges in the UK. As mentioned, one study (Rinaldi and Wybourn , 2011) reported that almost 70 per cent of Recovery College students surveyed had become mainstream students, gained employment or started volunteering (see p.15).³⁸

Fifth National Mental Health Plan

The Fifth National Mental Health Plan is largely focused on clinical service delivery, and the role of governments and the mental health sector in addressing significant issues such as suicide, supports for people with complex needs, Aboriginal and Torres Strait Islander mental health, stigma and discrimination reduction, and safety and quality in mental health care.

The Fifth Plan does, however, recognise and endorse principles that are central to Recovery Colleges and equally applicable in an educational or clinical/service delivery setting. It states:

*'The Fifth Plan recognises that people need to be at the centre of the way in which services are planned delivered, evaluated and reformed. It acknowledges that the mental health service system must be reoriented away from the needs of providers and towards the needs of consumers and carers; the people who the system serves. It reflects that services need to work in a coordinated way to collaborate with people with lived experience to co-produce services and outcomes that meet their individual needs. It recognises the transformative value of bringing together the expertise of people with lived experience alongside service expertise to enable meaningful and active collaboration for people to shape their recovery, leading to better outcomes.'*³⁹

In terms of the plan's eight priority areas, a Recovery College's educational work would contribute directly to the following three:

Improving Aboriginal and Torres Strait Islander mental health and suicide prevention. Courses that target the specific mental health needs of Indigenous people, and Indigenous people's participation in general courses of their choice, would contribute to improvements in Indigenous people's mental health, which in turn will contribute to suicide prevention. We intend to work with representative groups from the Indigenous sector during our course development phase (if the college is approved). We anticipate that with appropriate courses this group (and other marginalised groups such as the LGBTI community), will benefit in the same way as all other students (*see Evidence of positive outcomes, p. 13*).

Improving the physical health of people living with mental illness and reducing early mortality. Where applicable, Recovery College courses would address physical wellbeing as an intrinsic part mental wellbeing. Note, however, that Recovery Colleges aim to equip students to better manage their health themselves, so they will be the ones doing the improving (not the college). Note too that research has shown Recovery Colleges are effective in reducing students' needs for services (*see p.15*), which might ultimately lead to a reduction in the causes of early mortality.

Reducing stigma and discrimination. This propriety area of the Plan is intrinsic to the operations of Recovery Colleges, evidenced by aspects such as calling attendees students, not consumer etc., and by offering and promoting courses throughout the community. This helps 'normalise' mental health issues. In addition, a number of colleges run courses on dealing with stigma and discrimination which better equips people to deal with them.

Establishment of the Office of Mental Health

The 2016–17 ACT Budget allocated \$2.9 million over four years for the establishment of an ACT Office for Mental Health. This Office was an election commitment from the ACT Greens and was included in the Labor/Greens Parliamentary Agreement. Little detail about the proposed activities of the Office is available at this stage.

Minister for Mental Health Shane Rattenbury MLA has said: 'In establishing the Office for Mental Health and the Minister for Mental Health role, we are stepping up our efforts to ensuring that those in need of mental health support can access the right services, at the right time—from early intervention through to longer term recovery.'⁴⁰

Mr Rattenbury opened the first co-design workshop for the Canberra Recovery College on 29 May 2017 and expressed support for the project.

There is an opportunity now for the Government to become involved in delivering a Recovery College in Canberra, through partnership with the community mental health sector and the

Canberra Institute of Technology. Establishing the college would enable the ACT Government to deliver an early tangible outcome through an innovative and important community mental health initiative.

NEEDS AND BENEFITS IN THE ACT

The mental health needs in the ACT are similar to those of all communities that have set up Recovery Colleges – primarily, the need to reduce the incidence and impact of mental ill-health on individuals, families and the community. A recovery college will reduce the impact of mental ill-health on the community in a different way to existing services by opening a pathway for any affected member of the community to learn about mental health and recovery, strengthen their capacity to manage the impact of mental ill-health on themselves, family and friends.

A Recovery College is a unique model of mental health recovery support, because of its focus on self-directed learning in an adult education environment. The proposed Canberra Model further strengthens this unique nature of recovery colleges through partnership and integration with a primary mainstream adult education provider, CIT. A Recovery College adds value to existing services by offering a new avenue for program participants to pursue and strengthen their own recovery journey. It is expected that services will suggest the Recovery College to program participants as another option in their recovery plans. A Recovery College is not a substitute for traditional services, just as traditional services are not a substitute for a recovery college, but a Recovery College can add significant value to the outcomes pursued by traditional services.

Another key benefit of a Recovery College is that it offers a learning pathway for people who are not engaged with traditional services, whether they are people with mental health issues, carers, families, professionals or just interested community members.

The benefits of Recovery Colleges have been referred to in the previous section Evidence of positive outcomes – in particular the positive effects on wellness, the reduction in demands on mental health services and the transition of students to employment, further study or volunteering. Specific needs in Canberra and anticipated benefits of a recovery college follow in the paragraphs below.

STOP PEOPLE ‘FALLING THROUGH THE CRACKS’ – A PATHWAY FOR THOSE NOT CURRENTLY SEEKING TREATMENT AND SUPPORT

There is a need to ‘capture’ people with mental ill-health who do not seek help. The National Survey of Mental Health and Wellbeing found that at least 65 per cent of people who experienced a mental health issue in the previous 12 month period did not seek treatment.⁴¹ While some might not want support or assistance, we can assume that others do not seek it because of the stigma of mental illness and fear of the consequences of disclosure in other areas of their life such as employment and insurance. Alternatively they may not wish to enter the public health system which is often the pathway to entry to other services and support.

A Recovery College would provide an additional and alternative opportunity for people to learn about their mental health in the company of others with similar situations and with supportive, non-judgemental educators. A Recovery College can reduce the barrier to service access by providing access to information and learning in a non-identified or non-stigmatised environment (an education environment as opposed to a service environment). In this way a Recovery College can provide an alternative pathway into services and supports for people not currently seeking supports.

The evidence presented above also suggests a Recovery College could be a viable alternative to traditional mental health services for those with less severe needs, with high proportions of students progressing to mainstream education and employment, as well as high proportions of students reducing their usage of community mental health services.

FILL GAPS CREATED BY THE NDIS

The roll out of the NDIS has benefited some people and disadvantaged others, as services have had to realign their work to meet the needs of those who qualify for the NDIS at the expense of those who don't. As a consequence there are now many people finding access to support difficult or impossible. The focus on individualised funding under the NDIS has also led to the disappearance of many community based activities and spaces.

A Recovery College can meet some of the needs of NDIS-disadvantaged people by providing a different approach to individual recovery in a community-based setting based on adult education principles, and by providing a place for regular supportive contact and engagement in the community.

In the transition to NDIS, vocational rehabilitation and group-based activities in community-based settings are among the service types which have been ceased by community-managed mental health services. A Recovery College enters directly into this vacated space by providing group-based education in the community and with evidence of high proportions of students progressing into mainstream education, employment and volunteering.

COMPLEMENT EXISTING SERVICES

A Recovery College complements existing services in a range of areas, including the following:

A Recovery College offers a new opportunity for individuals who are on a recovery journey, but not yet ready for mainstream education or employment, to build skills and confidence. This offers new complementary opportunities to potentially build into recovery plans in particular for MHJHADS community mental health teams and longer term rehabilitation services, such as those operated by Richmond Fellowship ACT and other community-managed mental health services.

A GP is the primary clinical manager for the majority of people with mental health issues in the ACT. While medication and referrals to psychologists are primary tools of GPs in mental health, a Recovery College offers an accessible avenue for support and learning for GPs to offer to their patients.

For services including MHJHADS, MIEACT, ACT Mental Health Consumer Network and WellWays, who are currently offering education programs, a Recovery College offers opportunities for co-branding courses and reaching greater numbers of students than they could individually.

A Recovery College would potentially offer health promotion services, such as PANDSI, an opportunity to co-design courses specifically tailored to their particular target cohorts. In the same manner courses for carers of people living with mental health issues could be co-designed and co-delivered by Carers ACT or other carers organisations, adding additional capacity and reach to their services.

For a broad range of social and community services outside of mental health, whose client group includes people living with mental health issues, a Recovery College likewise offers an accessible

avenue for support and learning. This is a particular benefit in light of the difficulty in accessing a suitable service for clients often experienced by such services.

Most importantly a Recovery College offers an avenue for support and learning for people who are not able to access other services because they do not meet eligibility criteria or services are at full capacity.

A Recovery College is able to complement existing services, to offer a new support option in recovery plans, and to amplify the reach and capacity of existing educational programs, and in doing so can deliver positive outcomes existing services are not able to deliver at present.

PART OF A STEPPED APPROACH

A Recovery College can be an invaluable support to people across the spectrum of mental ill-health from those with an emerging minor issue to those with a severe and persistent mental illness. Likewise a Recovery College can be valuable to people across the recovery journey from early symptoms or first diagnosis to those who have exited services, but want to maintain and build on their wellness.

While not a service and not part of a therapeutic approach, a Recovery College offers a learning pathway for people at any stage of the recovery journey as long as they are well enough to actively work on their recovery. A Recovery College can particularly meet needs of those who are below the levels of severity required for entry into other services or those who are working towards exiting such services and re-establishing a productive and contributing life.

REDUCE STIGMA

One of the ACT Government's stated aims in establishing an Office for Mental Health is to help reduce the stigma around mental illness. Reducing stigma and discrimination is also a priority area of the 5th National Mental Health Plan.

As an organisation which, in time, can develop a strong profile in the community, a Recovery College can help reduce the stigma around mental illness. As education institutions, Recovery Colleges have the opportunity to help 'normalise' mental illness, dispel myths and contribute to greater knowledge and understanding of mental illness.

Students at colleges in the UK have said even being able to call themselves students rather than patients or clients helped them feel less stigmatised or 'labelled', also reducing self-stigma. This experience is replicated in Canberra through the CIT Mental Health Scholarship program and other existing educational opportunities.

*It's important to be able to call yourself a student – not a client or patient.
Being able to study and be a student has boosted my confidence
after seven years of not being able to work or study because of my illness.*

Certificate 4 Mental Health student at Canberra Institute of Technology
and participant at stakeholder co-design workshop, May 2017

Self-stigma is a disabling factor for many people living with mental illness, which undermines their confidence and prevents them from participating in society. Through providing students with a

positive learning experience and an identity as a student, rather than client, a Recovery College can reduce self-stigma.

People with lived experience also experience stigmatising attitudes from some health providers. A source of stigmatising attitudes in mental health professionals can be their experience of only interacting with people with lived experience when they are unwell. A Recovery College offers opportunities for mental health professionals to participate in course design, development and delivery and such positive experiences of interacting with people with lived experience who are well and in a professional role as trainers and facilitators contribute to reducing stigmatising attitudes.

A HOLISTIC PERSPECTIVE ON MENTAL HEALTH

Many people with mental illness need and use more than one service. People benefit from the new approach represented by a Recovery College which reaches beyond the clinical perspectives of mental health to other health issues and the social determinants of health – providing students with a more connected picture.

The innovative educational nature of Recovery Colleges enables approaches that are outside the normal modus operandi of the mental health system. Colleges can take a multi-disciplinary approach to providing practical information on topics that might usually require a consumer to see a range of clinical and community services – in particular in areas such as dual diagnosis, co-morbidity, mental health for people with physical disabilities, mental health and homelessness, addiction and family violence. In doing so a Recovery College would help students learn about the connections between issues they are experiencing, how to better manage and approach them, and thus provide a holistic perspective on their mental health. Learning more about the connections between different health issues and different approaches to managing those issues also enable students to ask more pertinent questions of their health providers and take more control of their own treatment and recovery.

A Recovery College would draw on existing knowledge and expertise to co-design and co-deliver courses, which would present opportunities for a range of non-mental health specific providers to be involved with and learn from the Recovery College. This presents opportunities for better alignment and integration between providers from different areas.

CONTINUITY OF CONNECTION AND BELONGING

Pressures on the mental health system mean a number of services have waiting lists and people can experience gaps between appointments. Many service users also have concerns about turnover in staff and having to repeat their 'story' over again. This is the case across a range of social and community services, not only mental health, and is addressed in the Human Services Blueprint.

It is also recognised that many people living with mental illness experience social isolation and marginalisation. In some cases this can be associated with symptoms of the illness and in other cases it is more related to stigma and social disadvantage. The closure of the Rainbow and similar community spaces in the implementation of the NDIS, has reduced access to places for people living with mental illness to come together and form communities in a safe space with access to structured activities.

A Recovery College won't solve this, but it will provide an alternative safe, educative place for people. It will help students build continuity in their recovery through being able to 'work' on their recovery in between clinical or therapeutic sessions, and through being able to design their own individual learning plan including as many or few Recovery College courses as they choose. Experience from other Colleges shows that students form a strong community of people. It is expected that in Canberra this will include student-initiated social activities and an alumni network, which offers a continued connection to past students.

RELIEVE PRESSURE ON MENTAL HEALTH SERVICES

Clinical, therapeutic and support services are stretched in the ACT, as in many jurisdictions. The number of people seeking service continues to grow and both government and community-managed mental health services are finding it difficult to recruit and retain suitable workers. The Adult Mental Health Unit has recorded an occupancy rate of over 100% for many months, MHJHADS community mental health teams continue to have high caseloads, and many community-managed mental health services are operating at full capacity.

As with other health service areas, mental health services face increasing demand and a constrained resource environment. The NDIS provides opportunities for some people to access psychosocial support services, but the NDIS will not provide health services or replace mental health services. With a large proportion of people who experience mental health issues not currently accessing any services, there is no reason to expect the pressure on mental health services to lessen in the foreseeable future.

As shown by the UK experience (see Evidence of positive outcomes *pp. 13–16*) Recovery Colleges can and do reduce pressure on other mental health services. A study in the UK found that students who attended more than 70 per cent of their scheduled sessions showed a significant reduction in use of community mental health services.⁴²

Recovery Colleges also contribute to moving provision of supports 'up stream', giving people access to supports at an earlier stage and thereby reducing the demand for more intensive and costly acute services.

*It [Recovery College] could be a place where our professionals
could come and see us being well.
They could get to see what works for me.*

Participant, stakeholder co-design workshops,
Canberra May 2017

SUPPORT FROM STAKEHOLDERS

The recovery college project has strong support from a wide range of stakeholders. Enthusiasm for a Canberra Recovery College grew rapidly from the first workshop hosted by Richmond Fellowship and led by Rachel Perkins in 2015; and has continued to grow. Many of those who expressed interest early are still involved in the process.

The focus has been to engage people from throughout the mental health community – people with lived experience, carers, workers, clinicians and educators – in the co-design process.

WORK TO DATE

Steering committee

Once funding was finalised for a design brief for a Canberra Recovery College, a Steering Committee for the Recovery College project was established in May 2017. Its role is to guide the project and ensure fidelity in the co-design process. The committee comprises representatives from:

- MHCC ACT – *Simon Viereck, Leith Felton-Taylor, Karen Leary*
- consumers (through Mental Health Consumer Network) – *Chris Corcoran, Graham Jackson*
- carers (through Carers ACT) – *Natalie Malcolmson*
- Mental Health Consumer Network – *Petra Kallay*
- Carers ACT – *Alex Scetrine*
- Canberra Institute of Technology – *Joanna McDougal*
- Mental Illness Education ACT – *Samantha Davidson-Fuller*
- Richmond Fellowship – *Amanda Urbanc*
- Wellways Australia – *Manon Keir*
- ACT Health Mental Health, Justice Health and Alcohol and Drug Services – *Luke Cutting, Teall McQueen, Claire Pearce*

The Steering Committee has met four times and helped shape the project planning, stakeholder engagement and proposed design for the college. The Committee has also provided input for and review of this document.

Stakeholder co-design workshops

Three stakeholder co-design workshops were held in 2017 (30 May, 31 May, 3 June) to begin the co-design process towards a Recovery College in Canberra.

Approximately 80 people in total participated.

- People with lived experience comprised at least 50 per cent of the attendance (40 identified).
- Professionals working in the mental health system comprised 31 per cent of the total attendance (26 identified).
- People engaged in the education system (students and educators) comprised 20 per cent of the total attendance (16 identified. Note: most of these also identified as consumers).

Twenty-nine workshop participants signed up to join a working group to continue the co-design of the Recovery College project. We also asked participants to register if they were interested in becoming educators with the college. Twenty-seven participants expressed interest in training to become educators.

Co-design working group

Following the stakeholder workshops, the co-design working group began discussions on a number of topics central to the college's operations. These include curriculum and courses, student services, teaching approaches, policies and procedures and evaluation.

At the first working group session, on 20 September, speakers from the South Eastern Sydney Recovery College and the Mind Recovery College in Melbourne, shared their experience of using

co-design to develop and operate their colleges. This was important as the integrity of the co-design process at the heart of developing and running a Recovery College was causing some confusion among stakeholders, most of whom are more used to working as part of a consultation process. While key principles of a Recovery College are strongly adhered to, the co-design process has meant that the more detailed aspects of the Recovery College are not available up front as they wait to be developed in the true spirit of co-design.

At the second session on 29 September, the group began work on defining the criteria for selecting and developing courses, with a view to having eight courses chosen for development as a starting point for the college. The group will meet every three weeks.

STATEMENTS OF SUPPORT

The following endorsements for a Canberra Recovery College have been provided by mental health education and community representatives.

Jo McDougal, Registered Nurse, Mental Health, Teacher, Community Work, CIT

I believe that the establishment of a Mental Health Recovery College in the ACT will be a welcome addition to the services offered by government and non-government. The Recovery College provides a unique opportunity for people who have experienced or continue to have lived experience of a mental illness to collaborate, influence, co-design and co-produce educational training courses that will assist those engaged in active recovery and inform contemporary and best practice of those who are working in areas supporting people with mental illness, their families and their support networks. This facility will provide the mechanisms for bridging the divide that exists in academia and the training of those providing services for people with a mental illness insofar the theory of best practice in reality bears only a semblance of what 'recovery oriented practice' has to offer. It offers the potential of clinicians and service providers working side by side with consumers rather than an 'us and them' mentality that remains a pervasive discourse of mental health service provision. It offers the opportunity to transform how we engage conceptualise and 'do the work' beyond recognition and remove some of the barriers that prevent help seeking and early intervention.

Drawing on the expertise of those people who have encountered this journey and using their experience offers the opportunity to realign and reinvent the therapeutic relationship so it can be sufficiently dynamic and agile to support people to be the authors of their own recovery on their own terms. It represents an important function also in terms of increasing community awareness of mental illness and learning platforms that are accessible and equitable in their inception and facilitation. It will also contribute significantly in terms of reducing stigma and reiterating that people with mental illness can continue to be productive and contributing members of society regardless of their challenges.

*As a mental health clinician, an educator and a person with lived experience of mental illness I am very excited by this opportunity to be part of this initiative.*⁴³

Sam Davidson-Fuller, Executive Officer MIEACT

As mental health education and training providers throughout ACT schools and workplaces, MIEACT is proud to support the Canberra Recovery College project, working in collaboration with like-minded industry members and individuals to promote mental well-being in the area.

Through more than 25 years of providing education and training in the ACT, MIEACT knows the positive and profound impact learning can have on people living with mental illness or caring for someone with mental health issues.

We are pleased to be working with MHCC ACT and other community organisations in this space and look forward to partnering in the future on developing courses and helping train educators.

Amanda Urbanc, Director, Richmond Fellowship ACT Inc

RFACT has long recognised and adopted the principles of recovery and the need to shift the balance of power from 'clinical experts' to the hands of those who have the expertise through life. We believe a Recovery College here in ACT would be a significant step to making this shift by creating a physical environment where participant contributions are not only welcomed but required. We see a College as having a major influence in reducing stigma for people with mental illness across our community. We have been active in the concept of Recovery Colleges, having invited Rachel Perkins to Canberra which was successful in triggering the conversation and commitment to this point. We now need ACT government to support this submission so we as a community can grow into a leading edge mentally healthy place to live.

Alexandra Scetrine, Mental Health Policy Officer, Carers ACT

Carers ACT endorse the development of a Recovery College in the ACT. We are excited about the opportunities this could provide for people with a lived experience of mental illness, those working in the mental health sector and importantly mental health carers to come together in a learning and growing space, to share ideas and reduce stigma. We look forward to participating in the ongoing implementation design.

Part 3: Model options

On the surface, most Recovery Colleges appear to be very similar. However, while there are common characteristics amongst them, there is no single model. Each college is designed and delivered with these common characteristics shaped by its own local resources, location, population size and needs, and the interests and requirements of its community as determined by the co-design process. The proposed Canberra Model would embody the common characteristics within an operational model that benefits from, and is beneficial to, the expertise and resources of its partners (*see pp. 33–35*).

CHARACTERISTICS COMMON IN ALL MODELS

In terms of being organisations focused on mental health, Recovery Colleges have one clear defining and differentiating characteristic – they *are* colleges; places of education and learning, not places of treatment or service. This is fundamental to all models of Recovery College. In addition, all Recovery Colleges:

- believe that recovery is possible
- have the ‘lived experience’ at the core of their approach
- use the processes of co-design, co-production and co-facilitation in all aspects of operation, especially course development and delivery
- take a person-centred, recovery-based approach in their teaching and work
- are based on adult education principles.

COURSES

Each college offers a range of courses to suit the needs of its community. These include topics on understanding and managing various mental health conditions, but also on improving life skills, meeting carer needs, and understanding aspects of the mental health system.

Importantly, as Recovery Colleges develop and mature, students play an increasingly important role in initiating new courses and ongoing continuous improvement of existing courses.

TEACHING AND LEARNING PRINCIPLES

Recovery Colleges use standard adult learning principles in developing and teaching courses. The following table shows a close correlation between the characteristics of adult learning as identified by Adult Learning Australia (ALA)⁴⁴ and the aims of Recovery Colleges for their students.

Characteristics of adult learners	Relevance to Recovery Colleges
<i>The need to know</i> Adults want learning experiences to meet their needs, be relevant and help achieve their goals.	Recovery Colleges encourages students to set their own goals and establish individual learning plans.
<i>Learner’s self-concept</i> Adult learners want respect and to be seen as capable learners. They like to find their own way, and want to manage their own learning.	Recovery Colleges are non-judgmental places where people with mental illness find respect, don’t have to hide their illness, feel safe telling their stories and can manage their own learning.
<i>Role of the learner’s experience</i> Adult learners bring the richness and diversity of their lives with them. They have diverse	Lived experience, and the learnings it offers students, staff, professionals and the community

experience and knowledge, and apply their life experience and knowledge to new learning.	generally, is at the heart of every aspect of Recovery Colleges.
Readiness to learn Adults are ready to learn when something connects with their life situations. They become ready to learn in order to cope effectively with real-life situations.	Students at Recovery Colleges find connection with others with similar life situations very beneficial.
Orientation to learning Adult learners want to be engaged in life-centred or problem-centred learning experiences. They want to learn what will help them perform tasks or deal with problems they see in their lives now.	Recovery College courses help students develop immediate and long-term strategies for dealing with health-related problems and daily living issues and build capacity to live a meaningful and contributing life.
Motivation The best motivators are internal; for example heightened self-esteem, better quality of life, personal growth and development.	Helping students achieve a better quality of life is a prime goal of Recovery Colleges.

DIFFERENCES BETWEEN RECOVERY COLLEGE MODELS

While primarily the same in their fundamental characteristics and principles, Recovery Colleges do vary in terms of:

- funding base
- governance structure
- degree of connection to an existing health service
- whether they have connection to existing educational facilities
- what courses they offer.

CURRENT MODELS – UNITED KINGDOM

THE ImROC MODEL

Many UK Recovery Colleges are members of Implementing Recovery through Organisational Change (ImROC), an organisation that largely introduced the concept in the UK and pioneered what became known as the ImROC model – that is, a Recovery College closely associated with existing health services and working with partnerships. (ImROC was established on behalf of the UK Department of Health to champion its ‘Supporting Recovery’ initiative, through a collaboration between the Centre for Mental Health and the National Health Service Confederation’s Mental Health Network.)

In keeping with the ImROC model, in the UK the majority of colleges (about 35) are funded by local NHS Mental Health Trusts, sometimes with local government funding partners which contribute resources. Four are run by charities.

As an example, Sussex Recovery College is a partnership between Sussex Partnership NHS Foundation Trust, Southdown and other voluntary sector organisations. Other ImROC model colleges include the Nottingham college, the SLaM Recovery College run by South London and Maudsley NHS Foundation Trust and the Central and North West London NHS Foundation Trust Recovery and Wellbeing College.

The big difference between a Recovery College and other mental health services is that a Recovery College comes from an educational framework and it is strengths-based. And there are great role models in the people delivering the courses.

Peer educator, Mind Recovery College, Victoria 2016

The Wakefield and 5 Towns Recovery College in Yorkshire UK used the ImROC model as a starting point but over time has adapted the model 'to suit the demands of our students'.⁴⁵ The college is based within two health and wellbeing centres but also offer courses out of community venues as 'such as churches, allotments, community centres'.

EDUCATIONAL PARTNERSHIP

The Solent Recovery College in the UK has a different model in that it operates in partnership between the NHS Trust, Highbury Further Education College and Richmond Fellowship and operates in an existing educational facility. It is the only Recovery College in the UK to partner fully with a further education college and offer accredited courses for its students. This means students attend a mainstream education environment, and are able to join the student union, use the library, IT suite and access discounted activities.

The proposed Canberra Model would have similarities with the Solent Recovery College in terms of a partnership with an education provider, however it would differ through the broader involvement of the community mental health sector as a whole (rather than a single NFP).

MENTAL HEALTH CHARITY-BASED

The Recovery College Greenwich, based in Woolwich, southeast London, is hosted by mental health charity Bridge Mental Health. When Greenwich Clinical Commissioning Group commissioned the service in 2013, they placed the college within the community. Currently, more than 1,000 students are enrolled there.⁴⁶

CURRENT MODELS – AUSTRALIA

MIND RECOVERY COLLEGE VICTORIA AND SOUTH AUSTRALIA

Mental health services provider Mind Australia established the first recovery college in Australia. It opened in 2013 in Melbourne. It now has 9 locations. It operates from two main campuses in Victoria (Cheltenham and Wangaratta) with additional 'pop-up' courses at other Victorian Mind service locations including Nunawading and Benalla, and in South Australia.

The college is not based on the ImROC model (see page X), in that it is operated and funded through a single NFP community mental health service provider rather than a government health service. Like all recovery colleges, it does have working partnerships and shares the common ground of co-design, co-production and co-delivery of courses.

In 2014, the college ran 50 courses, attended by 345 students. In 2015 this increased to 516 students and 636 students attended courses in the first and second terms of 2016.

The college has 10 staff including:

- a college director
- operations manager
- several learning and development consultants
- a pool of sessional facilitators.

The college was initially funded by sponsors the Ian Potter Foundation, the Lord Mayor's Charitable Foundation and Mind donors. Funding from sponsors ceased on 30 June 2016. Mind now charges some students for some courses. First sessions are free and considerations are made based on ability to pay. Students with a National Disability Insurance Scheme package that includes centre based group activities, payment of fees is expected to come from support packages.

An outline of Mind's first evaluation is on p.13.

SOUTH EASTERN SYDNEY RECOVERY COLLEGE

The South Eastern Sydney Recovery College is located at Kogarah, Sydney. Courses are held at Kogarah and at Community College partner venues at Bondi and Jannali. The college has a 'catchment area' population of approximately 930,000.

The college is based on the ImROC Recovery College model. It is part of and funded by the South Eastern Sydney Local Health District (SESLHD) Mental Health Program and has partnerships with community colleges, community managed organisations and other services.

The college received project funding in March 2014 and began delivering courses in July 2014. In its first term (July to October 2014) it offered 10 courses. The college now has 93 courses. It offers approximately 25 courses per term. Some courses are co-facilitated each term and others are rotated.

The college opened with two staff – a manager (0.8 FTE) and an Education Coordinator (0.5 FTE). It now has the following:

- manager – 0.8 FTE
- education coordinator (peer designated position) 0.5 FTE
- senior peer learning advisor - 0.8 FTE
- peer learning advisor – 0.4 FTE
- administration officer (Peer Designated) – 1.0 FTE
- contracted data base developer.

In addition, the college has a pool of around 25 who are casual educators. Clinical Educators are staff of the LHD mental health program.

In its first term the college had 101 students enrolled. It now has approximately 150 enrolments in courses each term, with over 800 students who have attended a course since establishment of the college.

Courses are free of charge.

Co-production is fundamental to all aspects of the college. Courses are co-written and co-facilitated, with co-learning between consumers, carers and staff.

WESTERN SYDNEY RECOVERY COLLEGE

The Western Sydney Recovery College is in Blacktown, in Greater Western Sydney, which has a population of 2,157,970. It offers courses and workshops in locations across western Sydney at Blacktown, Mt Druitt, Parramatta and Auburn.

The college, which is based on the ImROC model, was previously known as NSW Recovery College until it was recommissioned by WentWest, the Western Sydney Primary Health Network, for delivery by leading mental health service provider One Door Mental Health (formerly the Schizophrenia Fellowship of NSW).

The current college opened in July 2017 and is offering 18 courses. Courses are free of charge.

The college has three staff – a manager (0.6 FTE), an engagement officer (0.6 FTE), and an administrator (0.6 FTE).

THE RECOVERY COLLEGE OF WESTERN AUSTRALIA

The Recovery College of Western Australia (RCWA) is currently in development. It does not have a permanent location. The steering committee meets in the WA Mental Health Commission building, Perth. There are also moves to set up a rural steering committee to develop RCWA satellites in rural areas.

The college has received funds from Lotterywest and the WA Mental Health Commission, and donations from steering committee members including the Mental Illness Fellowship of WA, Connect Groups, Richmond Wellbeing, the Western Australian Network of Alcohol and Other Drug Agencies, Curtin University, Helping Minds, the Western Australian association for Mental Health, and consumers and carers.

The model is being developed through the collaboration of two groups of consultants – professional consultants and a ‘technical team’ of lived experience consultants.

Part 4: The Canberra Model

The Canberra Model outlined in this chapter proposes an innovative partnership between community organisations, adult education and government clinical services. The concept of this partnership arose through the stakeholder workshops and other community engagement around a Recovery College for Canberra. The foundations for this partnership approach arose from:

- strong support for a recovery college from a broad range of organisations from the community-managed mental health sector
- strong support from CIT. It is also relevant that CIT currently delivers a Scholarship program for people with lived experience of mental health issues, supported by ACT Health.
- ACT Health Division of Mental Health, Justice Health and Alcohol & Drug Services have expressed interest and been involved in conversations exploring the possibility of a Canberra Recovery College from the earliest stages. In particular, the Mental Health Day Service, which has a mandate to deliver elements of psycho-education, has been involved.

It is also encouraging that the ACT Minister for Mental Health showed his interest in the project when he welcomed everyone to the first stakeholder workshop in May 2017.

A PARTNERSHIP OF COMMUNITY, EDUCATION AND GOVERNMENT

It is proposed that the Canberra Recovery College be established under a unique model that combines the strengths and expertise of the three critical sectors concerned with the mental health of the Canberra community – the community mental health sector, the adult education sector, and the government sector. The core partners would be:

- The **Mental Health Community Coalition ACT** – peak body representing the community mental health sector
- The **Canberra Institute of Technology (CIT)** – key provider of the Certificate 4 in Mental Health, which is required for mental health support workers and peer (lived experience) support workers, and other training
- The **ACT Government** – through ACT Health Mental Health, Justice Health and Alcohol and Drug Services (MHJHADS)

A UNIQUE APPROACH

This model differs from existing models in Australia and the UK in that central partners include a vocational education provider; a peak body representing the broad range of community managed mental health organisations (rather than a single mental health NFP service provider or charity); and government mental health services.

Advantages to the college from this approach

This combination of partners, working within a co-design framework, represent the fundamental building blocks of a Recovery College. The advantages of this partnership for the Recovery College include:

- The role of and input from CIT would reinforce the educative nature of a Recovery College (ie it is not a day centre nor a treatment service).
- CIT has diverse education opportunities and helps people from all walks of life to reach their potential through targeted training, foundation skills and student support services to increase participation and productivity, empowering the community as a whole.
- CIT has well-established expertise in mental health education through quality training for Support Workers and Peer Support Workers. It is Canberra's preferred and main provider of the Certificate IV in Mental Health and offers a lived experience scholarship to support and benefit students of this course.
- The role of and input from CIT would reinforce a seamless pathway from the Recovery College into mainstream education.
- Partnership with the ACT Government would provide stable funding for a specified time, enabling the college to establish and grow through its early years.
- Partnership with both the ACT Government and community mental health sector provides the opportunity for students to gain from the expertise of both public and community mental health clinical and allied health staff and other professionals.
- The community mental health sector peak body MHCC ACT would bring input from an array of mental health organisations that include service providers, consumer and carer advocacy groups, community education bodies, and special interest groups.
- The involvement of this diverse group of organisations would provide a wide reach for the Recovery College, in terms of potential educators and students.
- It would encourage greater interaction between organisations and could provide a focal point for recovery-oriented activities in the community sector generally.

Advantages to the partners

As well as the direct benefits to the Recovery College from this partnership model, there are indirect advantages to the broader mental health services landscape in the ACT:

- The college would provide opportunities for 'in-reach' from clinical staff from ACT Health MHJHADS and community organisations. By working with peer educators to develop and teach courses, they would be able to enhance their understanding and skills in working in a recovery-oriented manner, as consistent with the National Framework for Recovery-oriented Mental Health Services Guide for Practitioners and Providers.
- Clinical staff would have the opportunity to see students when they are well and engaging in their own recovery. This could be a learning opportunity that many clinicians don't experience in a busy practice, where much of their time is spent with people when they are

unwell, and could deepen their understanding of the capabilities and needs of people living with mental illness.

- The Recovery College and CIT student bodies would have the opportunity for connection through student placement and interaction, creating greater learning and support for each.
- There is potential for formal education pathways from the Recovery College into CIT courses as well as for CIT students studying Mental Health to gain placement or volunteer experience at the college.
- Community organisations, represented by MHCC ACT, would have an additional, non-clinical, pathway for referral of clients whom they feel could benefit from learning, community connection and the companionship of other students.
- A number of community organisations, in particular MIEACT, already offer particular education and training courses. The college would offer the opportunity for co-branding and co-presentation, effectively extending the reach and frequency of courses offered.

VISION

The Canberra Recovery College – a place of learning, connection, hope and opportunity.

CORE PRINCIPLES

The Canberra Recovery College would embody the core principles central to all Recovery Colleges. They are:

- recovery is possible
- co-design, co-production and co-facilitation inform all operations, including course development and delivery
- the voice of lived experience is heard and respected in all aspects of the college.

OBJECTIVES

The key objectives of a Recovery College for Canberra are to:

- provide an innovative, non-judgemental and safe option for people to learn about and manage their recovery, in the supportive company of their peers
- ‘capture’ some of the estimated 65 to 71 per cent of people with a mental illness who do not otherwise seek help (noting that a lack of support, treatment or intervention can lead to escalation of an illness)
- enable people to reconnect with the community and participate more fully in life, potentially moving on to mainstream education, employment or community work
- create the learning and confidence that enable people to take more effective control and management of their health
- have a long-term impact that potentially reduces the demand on mental health services and hospitals
- provide the opportunity for clinicians to work alongside people with lived experience and gain insight that can inform developments in clinical practice
- promote and deliver on the aims of person-centred, recovery-based policies that shape contemporary mental health practice.

ESTABLISHMENT

FUNDING BASE

It is proposed that funds be provided by the ACT Government to a lead agency from the community sector (for example MHCC ACT) to establish and administer the recovery college on behalf of a consortium comprising the three partners, or a similar model. The consortium will explore whether to establish the Recovery College as a separately incorporated entity in future.

A proposed budget for the first three years of operation of the college is attached at Appendix 1. It encompasses establishment costs for the first year and anticipates development costs as the college grows. It should be noted some supplier costs (eg for course development) will stabilise as the curriculum reaches a certain level, and then begin to fall as economies of scale are reached.

The proposed budget is built around a core staff team required to manage the fundamental operation of the college and support students. It is proposed that educators be employed on a casual basis, at least in the early stages.

This structure allows the college to expand the number of courses delivered and number of students at little additional cost. The cost per student will therefore reduce rapidly as student numbers grow. Rapid growth in student numbers has been experienced by other recovery colleges and is expected to happen in Canberra as well. The proposed budget forecasts a relatively modest increase in student numbers and number of courses, and only a small increase in costs.

The proposed budget assumes limited resources and other support from the core partners. The college will seek to source additional support from other partners, which will allow the college to expand capacity more quickly and/or in areas complementary to the core functions.

Sustainability

Like other jurisdictions, there are gaps in mental health services in the ACT, and demand frequently outstrips supply for those that are available. It is anticipated that demand for Recovery College courses will grow rapidly and strongly once established. This has been the consistent experience in other parts of Australia and the world (refer to 'Existing Recovery Colleges' earlier in this report).

The strong sustained interest and commitment from stakeholders to establishing a Recovery College in Canberra suggests that the experience in the ACT will mirror other jurisdictions – as word spreads, demand will grow quickly.

As the Recovery College becomes more established, and the community becomes more aware of the benefits offered by this model of mental health recovery, it is anticipated additional forms of support for the Recovery College will become possible, thereby reducing the degree of reliance on government for its ongoing operation.

It is anticipated that relationships and support could be sought in the following types of areas:

- Corporate sponsorship (explored through the Chamber of Commerce and other business organisations)
- Philanthropic funding to undertake new or additional projects (for example through the Snow Foundation),

- ‘In-kind’ support arrangements with community mental health sector providers and other organisations (e.g. education or courses from existing providers; use of existing IT and other systems; teaching resources; professional expertise educators; training facilities; marketing support; etc.)
- Fee-for-service arrangements for students who are NDIS participants
- Other funding sources – for example, Capital Health Network; ACT Education and Training Directorate; NDIS Information, Linkages & Capacity-building grants

GOVERNANCE

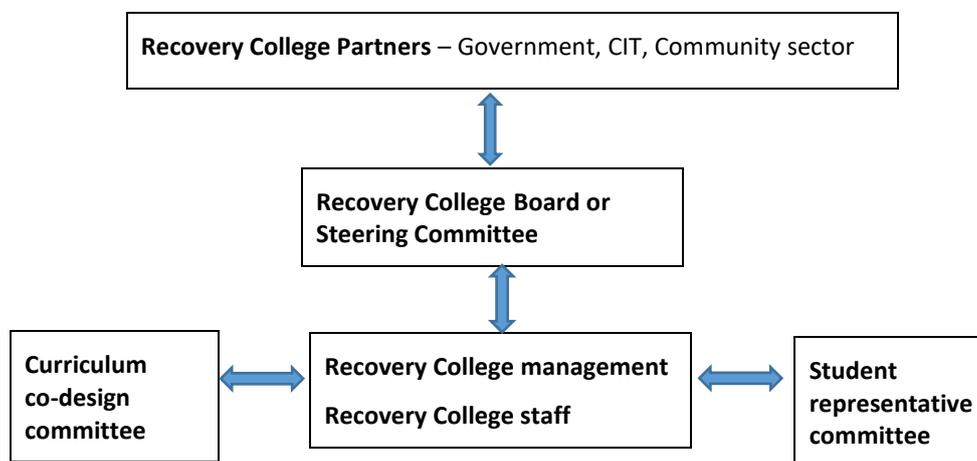
Key elements of the college’s governance structure would include:

- **Board or steering committee.** This would comprise representatives from:
 - partner organisations – ACT Government, CIT, MHCC ACT
 - community-managed service providers
 - clinical sector
 - students – consumers and carers

The Board (if the Recovery College is a separately incorporated entity) or Steering Committee will be responsible for the strategic governance and development of the recovery college as well as formal and compliance requirements such as:

- compliance with ACT Government service funding agreement requirements
- Financial and fiduciary responsibilities
- Legal responsibilities under the appropriate legislation
- Adherence to formal partnership agreements
- Risk management
- Employment and oversight of executive staff
- **Recovery College management** – responsible for support of the Board or Steering Committee, operational management of the college, building and maintaining partnerships and working relationships with other organisations, and employment of staff.
- **Student representative committee (advisory)** – to advise on student needs, including new courses. Student representatives on the Board or Steering Committee will be drawn from or elected through the student representative committee
- **Curriculum co-design committee** – comprising staff, students and external advisors to assess proposals for new courses, oversee development and ensure fidelity of co-design and co-production processes.

Governance structure under the Canberra Model



STANDARD HOURS OF OPERATION

The college would operate full time (9am-5pm, 5 days per week) as far as administrative functions are concerned. Classes would be offered on a semester basis – though in different durations (eg some might be two sessions, some might be eight). Classes would be two to three hours at a time depending on the course.

The semester basis would facilitate a ‘rolling’ process of course development, delivery, and review – ie courses for semester 2 would be in development while courses for semester 1 were being taught. Review and refinement could occur during semester breaks.

Scheduling of classes would evolve as demand became evident – for example, there might be need for some courses to be offered as evening or weekend classes to accommodate students who work.

Key staff working part-time would be required to schedule working days to ensure the college was available five days a week for classes, enrolments and student enquiries.

PREMISES AND FACILITIES

Recovery Colleges know the importance of connection to students’ wellbeing, and offer spaces where students can meet new people and make friends, as well as comfortable classrooms and appropriate accommodation for staff. Specifications for the Canberra Recovery College were discussed at our stakeholder workshops, which concluded the following would be needed. :

- **a degree of permanency** – ie ability to occupy for at least one to three years
- **security** – a location in an area known to be safe and secure
- **size of premises** – sufficient for at least one classroom, office space for two to three people, breakout/discussion rooms, a student lounge and resources room, appropriate kitchen and bathroom facilities and an outdoor area
- **a primary location** with the option of additional classrooms elsewhere, for example on the north side and south side of Canberra
- **IT and AV equipment** – up-to-date IT and AV systems that can be used in the classroom
- **décor and fitout** – a comfortable and welcoming space that gives students a feeling of being valued and deserving of quality. The college should have contemporary kitchen, lounge and library furniture, modern desks and chairs for classrooms, comfortable furniture for private discussion rooms, a bright and light design, mood-enhancing décor, and modern, serviceable but appealing fitout overall
- **ease of access to services and parking** – proximity to public transport, cafes, shops, community drop-in centres etc and readily available (preferably free) parking
- access to **child care**.

Potential location at CIT

CIT and MHCC ACT are currently negotiating a potential location on the CIT campus at Bruce. The proposed location is a separate building from CIT’s main classrooms, has a well-appointed room for classes, with IT and AV facilities, a modern kitchen and bathroom, a small room which could be a preparation room for educators, and a pleasant outdoor area. While it does not meet all of the criteria above (including separate space for staff), it would be a good location for students, with easy access to the library, café, child care and parking, and would be a suitable venue for opening the college.

CIT and MHCC ACT are in discussion on terms of use, which will be finalised closer to the anticipated opening of the recovery college.

PEOPLE

STAFFING STRUCTURE

The following staff structure is proposed for opening a Recovery College, and outlined in the Budget at Appendix 1.

Manager / Executive Officer – 0.8 FTE

This position would liaise with the Board and partners and oversee operations, strategic planning, ongoing development, curriculum development and recruitment of educators and potential future expansion of the college.

Student Services Manager – 0.8 – 1 FTE, designated lived experience position

This position would provide personal and logistical support to students, including the development and review of individual learning plans. It would also contribute to curriculum development and educator recruitment.

Administration Officer – 0.6 FTE

This position would undertake administrative work, including managing enrolments.

Educators and course developers (6–8 to begin with) – Casual

The educators and course developers would be a mix of mental health professionals and people with lived experience, to ensure all classes are co-produced and co-delivered.

It is anticipated that **mental health professionals** (clinicians and allied health) would, in the first instance, be sought through expressions of interest disseminated through the college's partners – MHJHADS, CIT and community service providers. Individual agencies would develop terms for staff involvement, in conjunction with Recovery College management, covering matters such as remuneration, availability, recognition of college work towards professional development etc.

While educators are expected to come primarily from partner bodies, the college would also welcome interest from private practitioners, retired professionals and other suitably qualified professionals and trained educators in the community.

It is anticipated that **lived experience educators** would, in the first instance, be sought through expressions of interest through community mental health organisations and, potentially, through CIT's Certificate 4 Mental Health student body and alumni. The experience of established colleges is that, over time, lived experience educators often come from the college's own student body and we anticipate this would be the case for Canberra.

The college would establish standard terms for lived experience educators including remuneration and hours, based on what is provided by other colleges. Where educators are employed by an agency, the same process would apply as for professionals – ie agencies would develop terms for staff involvement.

There is already strong interest within the Canberra mental health community in the educator roles. At the stakeholder workshops in May and June, 27 people expressed interest in training to become college educators.

Qualifications

Permanent staff would be selected according to relevant experience and knowledge as demonstrated in responses to selection criteria on application and at interview. Casual staff would be similarly assessed, through an expression of interest process.

All staff, including casual educators, would be expected to hold or obtain a Working with Vulnerable People registration, first aid certificate, and police check.

The college would not require educators to have teaching qualifications, however experience in educating and presenting to adults would be considered favourably, particularly if experience is in a mental health context.

Training

All staff including casuals would undergo training in Mental Health First Aid and basic counselling such as through The Accidental Counsellor course. These courses are provided by various suppliers in Canberra.

Prior to teaching, our educators would complete a Canberra Recovery College Educators Course, which would cover the following:

- teaching at a Recovery College – drawn from a course developed by South Eastern Sydney Recovery College
- telling stories safely – drawn from the MIEACT course Do NO Harm – Sharing Stories Safely
- how adults learn – drawn from educators at CIT.

Costs for training are included in the Budget at Appendix 1.

STUDENTS

The Canberra Recovery College would welcome adults over the age of 18 who experience mental illness or distress, their carers, families and friends and professionals. It would also be open to the broader Canberra community and encourage anyone who wishes to learn about mental health to attend courses if places are available.

It is expected that many students will hail from the networks of the consortium partners, including MHJHADS and community mental health sector staff encouraging clients to access the College, and advertising courses through partner networks. A communication and marketing strategy will be put in place to reach out to potential students, who are not currently in contact with services.

Anticipated student cohorts include:

- **People who experience mental distress but have not been diagnosed or received treatment or services** (the estimated 65% who do not seek treatment or support⁴⁷). For this cohort classes may be a form of early intervention and enable them to find support to prevent or manage future experiences.
- **People who are newly diagnosed and learning to manage.** Classes may be a form of early intervention and help them understand their condition to prevent or manage future experiences, and learn from others similarly diagnosed.
- **People used to living with mild to moderate mental illness.** Classes may be a way to learn new strategies and ways of coping, skills to improve their lives and ways to gain a better understanding of their treatments and therapies.

- **People living with a severe mental illness**, eg psychotic illnesses or severe trauma-related conditions. Classes may provide insight into how they (and carers) can improve their lives, build capabilities and engage with the community.
- **People who are carers of someone living with mental illness**. Classes may be a chance to learn from fellow carers and professionals, to ease their sense of isolation and to improve their care of their own health.
- **People who are relatives, friends or colleagues** of someone living with mental illness. Classes may provide insight into their loved ones' conditions, experiences, needs and capabilities and help them learn how they can best help.
- **People who work in mental health** and want to learn from students' lived experience.

Students from diverse communities

Potential students from diverse communities, including CALD, Aboriginal & Torres Strait Islander peoples, and LGBTIQ+ groups, may have particular needs from and particular barriers to accessing a recovery college. Initial discussions have been held with groups and organisations representing diverse communities to begin exploring what steps are required to ensure the Recovery College is culturally sensitive and accessible to those communities, this may include courses delivered exclusively to such communities or adjustments to delivery of generic courses.

Looking forward, discussions with diverse communities will explore other issues such as recruiting educators from those communities, developing course content specific to such communities, etc. with the aim of ensuring the Recovery College is sensitive and responsive to the needs of diverse communities.

Individual learning plans

On enrolment, each student would have a meeting with the Student Services Manager to discuss their goals and what they want to achieve through study at the college. They would then complete an Individual Learning Plan, which would outline their hopes, goals and ambitions, what personal strengths and resources they have to assist them, any help they might need to attend, etc.

Plans would not require students to provide a diagnosis or any personal background they did not wish to share – they would be purely about individual aspirations moving forward.

The student and the Student Services Manager would review the plan together periodically to assess if the courses were meeting the student's needs and to consider further options. Plans might include working towards formal education, volunteering or employment.

If a student who receives services from the public or community mental health system wishes, their Individual Learning Plan might form part of their Recovery Plan.

Support for students

The college would not provide a formal counselling service. However, all staff and educators would be trained in mental health first aid and general first aid to assist students if they become distressed or unwell while attending the college. In addition, students would be able to meet with the Student Services Manager or their educators as needs.

The college would not be a referral service for students, however it would maintain close connections with both public and community mental health services to ensure that it can provide students with accurate information about Canberra mental health services.

Additional services

With CIT as a partner organisation and location, students would have access to the library, café, child care, gym and parking. In addition, the college would provide comfortable, quiet spaces for

students to read, talk to fellow students, access computers, form study groups and so on. Evaluations from other recovery colleges have shown that students benefit greatly from the connection with others in a safe space where they do not have to hide their experiences.

Connecting with others who have successfully recovered gave me hope that I could too.

Student, South Eastern Sydney Recovery College, 2016 X

EDUCATIONAL APPROACH

Like other Recovery Colleges, the Canberra college would develop and teach courses through a co-design, co-production and co-delivery approach, incorporating adult learning principles and practices (*outlined on pp. 28–29*). There would be no prerequisites, and students would self-select what they want to study (ie no set pathway as in other tertiary institutions).

CURRICULUM

The co-design process for curriculum development for the proposed Canberra Recovery College began at a series of stakeholder co-design workshops in May and June 2017, and continues now through a Co-design Working Group.

Prior to the stakeholder workshops, we established an informed starting point for the curriculum by researching what other international and Australian Recovery Colleges offer. We then asked stakeholders to nominate what they would like to see taught at the college.

The courses suggested were many and varied, but could be categorised as follows:

- **Health matters** – dealing with aspects of mental illness, especially how we can gain an understanding of and manage living with it.
- **Life matters** – safely navigating our way through the complexities of living in a community and supporting our relationships with all.
- **Caring matters** – supporting carers through learning, services and connection with each other.
- **Work matters** – how we can safely find a way back through education and support to work in fulfilling and meaningful roles in our community.

The Co-design Working Group has adopted these categories as an overarching structure for the Canberra Recovery College curriculum.

Content base

The Co-design Working Group agreed that content of courses would be evidence-based, derived from:

- current research from academic, professional and government sources --with a key focus on the Australian context
- personal experience as evidenced by our peer educators
- professional experience as evidenced by our mental health professional educators.

Courses for opening

We plan to open the college with eight courses. The Co-design Working Group has begun developing criteria for the selection of the first offering. This is a work in progress but at present includes:

Courses will be selected that can:

- meet a significant community need (eg focus on common mental health issues)
- have immediate appeal to students and attract substantial enrolments – both to meet student needs and demonstrate value of the college
- be achieved within a given timeframe prior to opening (ie are do-able)
- not duplicate courses offered elsewhere in Canberra (but perhaps combine with them)
- have a mix of durations and delivery styles to accommodate different ways adults learn
- be developed in a way that makes learning engaging and enjoyable even if the topic is ‘heavy’
- provide opportunities for people unable or unwilling to access mental health services.

A recommended selection of courses for opening will be presented to the Canberra Recovery College Project Steering Committee for approval by the end of this year.

To give an indication of what might be offered, the following subject areas were suggested at the stakeholder workshops. Some, especially in the Health Matters area are thematic at this stage and would be developed into more specific topics (eg Managing depression, The long-term effects of trauma, etc).

Health matters	Life matters	Caring matters	Work matters
Anxiety and depression	Self-care (diet and nutrition, exercise, adequate and regular sleep, enjoyable activity, good relationships and community)	How to be the best care giver I can be?	What does work mean to me?
Bipolar disorder	Because we’re worth it! (developing our self-esteem and self-worth)	Seniors and older persons’ rights and sense of community	What do I need to do to get back to work?
Obsessive compulsive disorder	giving back (the value of helping others)	Sharing ‘our’ story	Action planning and goal setting
Anger management	Meditation	Advocacy	Returning to learning/education
Dual-diagnosis	Mindfulness	Vicarious trauma and self-care	My work identity – strengths and career choices
Co-morbidity	Motivation	Understanding the person I am caring for	Safety planning for work (my wellness plan, advanced care directives, etc.)
Understanding psychosis	Communication skills		Accessing vocational training and skills
Post-traumatic stress	Get creative (overall health and wellbeing benefits of creativity)		Mental health in the workplace
Understanding medications	Assertiveness and self-consciousness		
Therapeutic approaches			
Safety planning			
What to expect when I engage with a service			
How do I create a good relationship with my support team?			

How will I represent myself to mental health professionals? Navigating the mental health system in the ACT, including the NDIS How to exit services	Telling my story Resilience – managing relapses and setbacks 'But you don't look sick' Self-advocacy Systemic advocacy		
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Process for developing the first offering

Once a final list of topics is determined, they will be produced or sourced by the following means:

- **Courses developed from scratch** specifically to meet a Canberra context (eg Navigating the ACT mental health system). Initial courses would be developed by a mental health professional and lived experience educator, under the guidance of the Recovery College Project team and Steering Committee
- **Existing courses acquired from other recovery colleges** then redeveloped through co-design to suit the Canberra context and audience
- **Existing courses offered by other Canberra mental health organisations**, tailored to the Recovery College but co-branded with the course owner organisation. This system could enable cross-promotion and collaboration opportunities for both the college and the course provider.

Selecting and developing courses beyond opening

Course development would be a constant undertaking for the college, to ensure sufficient and varied offerings for new terms. As outlined earlier in this document, the experience of many recovery colleges is that student numbers and demand for new courses occurs quickly. For example, student numbers for the Mind Recovery College in Victoria doubled in the first two years. We propose to develop the second tranche of courses while the first is being rolled out, and to implement a 'rolling' schedule for further development.

The experience of other colleges also suggests that ideas for new courses will often come from the student body. The college Manager and Student Services Manager will work with students to develop proposals for new courses.

As noted above the Recovery College will engage in ongoing discussions with diverse communities to ensure a range of course offerings and delivery suitable for diverse communities.

The Curriculum Co-design Committee and Student Representative Committee will assess ideas for new courses and monitor the fidelity of development, under the guidance of the college's curriculum development policy, and course development guidelines.

It should be noted that the proposed 3-year budget (see Appendix 1) accommodates growth in course development work and the engagement of additional educators.

MANAGEMENT AND ACCOUNTABILITY

POLICIES AND GUIDELINES

MHCC ACT and the Recovery College Project have acquired a suite of resources from the South Eastern Sydney Recovery College which we will use as the basis for developing our own policies

and operational guidelines prior to opening. These will cover areas such as recruitment, training for educators, curriculum development, course content guidelines, and operational procedures. Policies and procedures will be developed and adapted by the consortium partners in consultation with people with lived experience to ensure they fit the local context. It is expected however, that many policies will be substantially the same as those acquired from the South Eastern Sydney Recovery College.

PLANNING PERFORMANCE AND REPORTING

Strategic plan

The college would develop a strategic plan to set priorities and overall direction for a period of three years. The plan would establish overall goals and how achievement of these would be measured (key performance indicators, evaluation).

Business plans

The college would also have an annual business plan to establish the operational priorities and activities (from the strategic plan) for that year.

Annual report

The college will produce an annual report to partners, including audited financial statements and a report of performance against the strategic plan.

EVALUATION

A lesson learned from colleges in the UK that have started to do evaluations recently after a few years in operation, is to plan for evaluations from the very beginning and integrate data collection and analysis into normal business-as-usual operations. This means:

- constantly collecting useful data
- establishing benchmarks soon as it is viable
- maintaining consistency in the data collected from year to year (for comparability)
- keeping quality searchable records
- using an appropriate system that enables easy data capture, retrieval and reporting
- getting regular feedback from students
- undertaking an annual student survey
- establishing a feedback and analysis process for educators.

The Canberra Recovery College will have a formal evaluation strategy in place from its launch date to capture and analyse relevant data related to key objectives, indicators and measures. The College will use evaluation strategies and experience from other Australian recovery colleges and CIT as the basis for development of its formal evaluation strategy. Pro bono assistance may be sought from a consultancy company to support the development of the evaluation strategy and appropriate systems of data collection to ensure the evaluation is sound, reliable and credible.

The Evaluation Strategy is expected to include a range of data covering areas including:

- student numbers and demographics
- course attendance and completion rates
- student satisfaction and goal achievement
- changes in student wellbeing, self-rated confidence and progression to further education, work or volunteering
- partner and external stakeholder feedback
- educator numbers and satisfaction

- educator feedback on processes and operations generally
- College financial and operational performance

The design and implementation of the strategy will be informed by our partners, and implemented in collaboration with CIT to, where possible, leverage off proven processes and available systems.

RISK MANAGEMENT

The Recovery College would base risk classification and mitigation strategies on a best assessment of the likelihood of a risk occurring and its impact on the college if it did occur (as per table below).

IMPACT → LIKELIHOOD ↓	LOW	MODERATE	HIGH
VERY LIKELY	Low	Moderate	High
LIKELY	Low	Moderate	Moderate
UNLIKELY	Low	Low	Low

The best assessment determination would be informed by prior practice and sector knowledge, including the experience of existing Recovery Colleges. A draft high-level example risk plan follows. This would be further developed during implementation planning prior to opening.

Example of risk management plan

Risk	Likelihood	Impact	Mitigation
Low stakeholder participation in governance groups and committees	Low	High	Initiate and maintain regular communication through emails, presentations, meetings etc. Outline the benefits of a Recovery College to their member bases and clients.
Insufficient budget	High	High	Size and scale the project to fit. Seek additional funding, in-kind support or sponsorship
Premises not of sufficient size	Medium	High	Source 'fall back' venues such as other CIT campuses and community centres, to provide additional capacity and spread the college's operations geographically.
Educators difficult to source	Medium	High	Call for interest from educators early to allow time for advertising if needed. Ensure quality training available for first-time tutors.
Quality of courses and/or tutors inadequate	Medium	High	Trial courses and get feedback Thorough selection process for tutors, also more than one tutor able to take a class
Low interest, low student uptake	Medium	High	Extensive, well designed marketing campaign, including targeted marketing with consumers of community organisations
Courses are oversubscribed	Medium	Medium	Have contingency plan for additional courses and venues.
Illness or withdrawal by tutors	High	Medium	Have replacements ready – tutors should be able to teach more than one class.
Difficulty measuring success (many results will be qualitative – eg improvement in daily life.	High	Medium	Develop a solid evaluation process. Seek advice from other Recovery Colleges, and from evaluation experts.

COMMUNICATION AND MARKETING

A communications and marketing strategy for the college is in development. Key components would include:

- **branding** for the college
- **channels for disseminating information and engaging with audience – including**
 - the various networks within the mental health sector
 - health services
 - local media
 - website or other online presence (eg Facebook)
 - other relevant social media
- **a schedule of publicity and events**
- **marketing collateral such as**
 - a prospectus from which students can select courses
 - posters, fliers and information sheets for placement at health services and events
 - approved images
- **media** articles and interviews – capitalising on the newsworthiness of Recovery Colleges as an innovation in mental health
- **champions or ambassadors** – well-known Canberrans who are open about their lived experience of mental illness and willing to be interviewed.

Without wanting to sound over the top, the Recovery College is the most beneficial support I have ever been involved with ... meeting some amazing people ... other students and in particular the teachers are truly inspirational.

Student, South Eastern Sydney Recovery College, 2014

APPENDIX 1 – PROPOSED RECOVERY COLLEGE BUDGET – 3 YEARS

Calculations are based on a 10 per cent increase each year as further courses are added and student numbers increase.

SUMMARY

Year 1	Year 2	Year 3
\$337,200	\$375,320	\$412,850

PROPOSED BUDGET BREAKDOWN YEAR 1

Cost type	Components	Amount allocated \$	Rationale
Staff costs On costs calculated at 18%	Management (salary and on-costs)	85,000	Part-time manager to oversee operations, strategic planning, ongoing development and potential future expansion of the college. 0.8 FTE
	Course delivery	50,000	Casual tutors – professional/clinical and lived experience. It is anticipated that clinical/professional tutors will work pro bono. Lived experience tutors will be paid. 4 tutors – approx. 6 hrs p.w each @ \$40 p.h.
	Student support (peer support) (salary and on-costs)	64,000	Part-time position providing personal and logistical support to students. The position may be full-time if combined with a tutoring role. 0.8 FTE
	Admin (salary and on-costs)	43,400	Part-time position to undertake administrative work, manage enrolments. 0.6 FTE
	Sub-total	242,400	2.2 FTE, plus 4 casuals

Cost type	Components	Amount allocated \$	Rationale
Supplier costs	Curriculum developers	30,000	6 courses x 120 hours each @ approx. \$40 ph = \$28,800 plus Materials costs, \$1200
	Training of tutors	4800	4 lived experience tutors SESLHD Recovery College training – \$300 x 4 = \$1200 plus MIEACT / SESLHD safe stories training – \$200 x 4 = \$800 TOTAL = \$2000 4 professional/clinical tutors MIEACT / SESLHD safe stories training – \$200 x 4 = \$800 Travel and costs for SESLHD trainer –\$2000
	Marketing	2000	Brand development, website, advertising and other publicity. Note, some can be done in-house, but design services need to be purchased.
	Governance	2000	Materials, travel.
	Contingencies	5000	
	Sub-total	43,800	
	Cost type	Components	Amount allocated \$
Capital costs	Leasing of premises for staff	12,000	
	Leasing of premises for classes	36,000	Average venue hire \$150 p day. Classes require 2 days per week at each of three venues = \$900 pw, x 40 weeks. Lease of premises includes utilities, facilities maintenance, cleaning etc.
	IT equipment for staff and students	3000	Software
	Sub-total	51,000	
Budget summary			
Sub-totals	Staff costs	242,400	
	Supplier costs	43,800	
	Capital costs	51,000	
Total		337,200	

ENDNOTES

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