A Recovery College in Canada: An Innovative Means of Supporting and Empowering Individuals with Severe Mental Illness

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ABSTRACT

The Recovery College at Ontario Shores provides service users who have mental health challenges with courses, which they choose, to learn about recovery, mental health, treatment options, leisure, and fun. College components designed to enhance recovery also include peer support and access to the library to enhance individualized learning.

Keywords: recovery college, implementation, peer support, co-design

RÉSUMÉ

Le Recovery College du centre de santé mentale Ontario Shores offre aux personnes qui ont des problèmes de santé mentale des cours, qu'elles choisissent elles-mêmes, sur le rétablissement, la santé mentale, les options de traitement, les loisirs et la notion de plaisir. Ce collège d'accompagnement dans le processus de rétablissement offre également du soutien par les pairs et l'accès à une bibliothèque à ceux et celles qui souhaitent poursuivre leur apprentissage de façon individuelle.

Mots clés : Recovery College, soutien par les pairs, mise en œuvre, co-conception.

Recovery-oriented practice reflects a shift in focus from pathology and illness to a strength-based model of care designed to empower individuals with mental illness to take control of their own path in (re)establishing a meaningful and purposeful life despite having a mental illness. Recovery-oriented practice at Ontario

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Shores Centre for Mental Health Sciences in Whitby, Ontario, is rooted in the Mental Health Commission of Canada's 2015 Guidelines (MHCC, 2015), emphasizing hope, autonomy, social inclusion, respect, and customized service delivery meeting the diverse needs of people with mental illness and their loved ones.

Ontario Shores is a large academic inpatient and outpatient mental health centre for people with complex, serious and persistent mental illness. One of its goals is to provide service users with opportunities and experiences that are empowering and meaningful and enhance individual recovery. Despite this, we often receive feedback from service users that they perceive a lack of meaningful programs available within the centre.

In order to further align with recovery-oriented practices, Ontario Shores launched a Recovery College in September 2016. The Recovery College is driven by peer support that focuses on empowering service users (learners/students) to choose, attend, and possibly develop their own recovery-oriented education courses. The courses in the college are designed to enhance self-discovery and promote recovery, by providing the opportunity to learn about mental health care and options for leisure and training, including in vocational, social health, and wellness skills.

PROGRAM DEVELOPMENT

A program theory and visual model was established outlining the various program components, activities, and their intended outcomes. Program components were based on the defining features of the Recovery College established by Implementing Recovery through Organizational Change (ImROC; Perkins et al., 2012) and based on the available published outcomes of recovery colleges (e.g., Newman-Taylor et al., 2016). These features are summarized in Figure 1. Based on this information, program components of Ontario Shores' Recovery College included: (1) educational courses, (2) guidance in the form of peer support, and (3) individualized learning opportunities such as library access to mental health materials and resources.

Although recovery colleges are not new in the United States, Australia, New Zealand, and the United Kingdom, they are fairly new in Canada. The STAR Learning Centre at St. Michael's Hospital in Toronto is the only other established centre, though its objectives are geared primarily towards finding stable housing for its service users. A site visit to the STAR Learning Centre, along with published literature on recovery colleges, guided the development and implementation of the Ontario Shores Recovery College program

Figure 1

Defining Features of a Recovery College

- 1. Co-production of courses is developed between people with personal and professional experience of mental health.
- 2. There is a physical building with classrooms and a library.
- 3. It operates on college principles (no referrals, but requires registration).
- 4. It is for everyone (not based on diagnosis).
- 5. There is a personal tutor who offers information, advice, and guidance.
- 6. The college is not a substitute for traditional assessment and treatment.
- 7. It is not a substitute for mainstream colleges.
- 8. It must reflect recovery principles in all aspects of its culture and operation.

Source: Author's compilation.

components. While frameworks were available to inform our college structure, they needed to be adapted to fit into the Canadian healthcare system, which is still somewhat risk averse and often unable to promote positive risk taking to service users that enables them to engage in pursuits designed to enhance empowerment and self-direction.

To ensure Ontario Shores' staff were on board with the Recovery College, an implementation committee was assembled with representation from allied health professionals within the hospital. When the concept of the Recovery College was proposed initially, it was difficult for staff to understand their roles as co-facilitators with service users. Staff wanted to document clinically in the health records. However, it was explained that because the education provided in the college was not treatment, no clinical impressions were needed or appropriate. In order to satisfy the allied health professionals' concerns, we verified practice standards associated with each of the professional associations of the team members. Given that the goals of the courses were educational in nature, and not based on clinical treatment, the practice standards of all the professional associations were compatible with the philosophy of the college (Shepherd et al., 2017).

The short-term objectives of the Recovery College were for service users to attend recovery-related courses and to share and acquire knowledge related to the content presented. In the longer term it was hoped that service users would engage in additional self-guided learning and progress in their individual recovery, including attaining increased self-esteem, empowerment, optimism, connection, and hope.

COURSES

Prospectuses from recovery colleges in England and Australia were consulted to identify curriculum possibilities. In line with ImROC principles, in order to be appropriate for inclusion within the college, each course had to be accessible to a wide audience, i.e., not based on diagnosis, and was not to be considered treatment. Staff of the hospital worked with service users and others who have lived experience of mental illness to co-design and co-facilitate the courses. This resulted in 21 courses in the first semester (September–December, 2016). These courses were divided into five broad content domains (Figure 2). The *Group Facilitation Skills Training* course was created as a prerequisite for service users wishing to volunteer as a course facilitator within the college, and provided them with presentation and classroom management skills.

Figure 2

Content Domains for Recovery College Courses with Example

- 1. Learning and Understanding about Mental Illness, e.g., Understanding Psychosis
- 2. Skill Development, e.g., Introduction to Computers
- 3. Vocational Training, e.g., Job Readiness
- 4. Self-discovery and Identifying Strengths, e.g., Pursuing Dreams and Aspirations
- 5. Leisure, Health, and Wellness, e.g., Yoga

Source: Author's compilation.

REGISTRATION PROCESS

Each semester, inpatient and outpatient service users at Ontario Shores may register for various courses. In order to register, prospective learners first meet with a peer support specialist to talk about their learning plan. The peer helps the learner complete a recovery assessment designed to stimulate discussion about recovery goals and learning. Based on the established learning objectives, the peer suggests possible courses for the learner. After the peer support meeting, the learner reviews the list of courses and meets with the registrar to enroll. The learner may enroll in as many or as few courses as they desire. Their learning objectives are primarily personal, as is the case with individual recovery. Learners may apply to become a course facilitator in future semesters. Ideally, recovery colleges are open to all—staff, family, students, and the community. Our pilot project initially began with our service users, but the evolution of the college is to expand its services to be available for everyone.

In the first semester, 66 students enrolled in courses within the college (43 students were outpatient service users; 23 were inpatient service users). The average monthly utilization rate was 72.25% of capacity (i.e., on average, 72.25% of eligible spots in a variety of courses were accessed each month.). The Recovery College was well received by both service users and staff. Satisfaction data from the learners revealed that 100% would recommend their courses to others. The formal evaluation of the college regarding its short- and long-term goals is ongoing and will be prepared for upcoming dissemination.

FUTURE DIRECTIONS

Reaching out to community partners would be beneficial as it may open the possibility to create satellite campuses as well as introduce service users to resources and connections within the community. The STAR Learning Centre offers courses co-designed by community partners, and leverages expertise of various sectors such as the financial and health sectors. We recommend that Ontario Shores further develop community partnerships and other colleges in order to cultivate dynamic curricula for future semesters. Transportation barriers could be minimized if satellite or remote/virtual learning opportunities were made available.

We received feedback from staff regarding their experience with the Recovery College and its positive impact on their job satisfaction; staff members were not actively surveyed for their feedback about the college. Recovery colleges have been identified as possible catalysts of culture change within organizations (Perkins, 2012). By surveying staff members about their experience with the Recovery College and any resulting changes in their knowledge and practice, it may be possible to explore its impact on organizational culture going forward.

Some challenges were experienced; for example success hinged directly on the peer support members, as they were the first contact with prospective students. Unplanned absences within the peer department delayed the registration of prospective students. In addition, participation rates varied as a function of participant wellness.

We plan to examine longer-term outcomes associated with the Recovery College—specifically, its impact on individual recovery indicators—and to determine the extent to which it assists with (or hinders) progress through recovery domains. Previous research has identified attendance as a moderator of impact (Dunn et al., 2016), so we will examine the impact of engagement with the college and in individual recovery. More and rigorous research is needed in relation to recovery colleges.

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