

Implementing Recovery Colleges in Australia

Recovery Colleges are a recovery focused education-based approach to supporting mental health and wellbeing through a framework of shared learning and co-production [1]. The co-production approach to working, involving an equal partnership between people with lived experience of mental health issues and ones with subject matter/professional/carer or community expertise is an essential component of a Recovery College and the basis for all aspects of its development [2]. People with lived experience play an essential role with Colleges having a combination of lived and subject matter experience in their staff, King et al. 2019 found that although the question was interpreted differently by the respondents with some Colleges specifying everyone that worked in the College and others just specifying the core staff, between 40 and 100 per cent of the people working in Recovery Colleges were people with lived experience [3].

Recovery Colleges develop in response to what is needed in their community and try not to replicate resources already available. They usually offer free short courses which are open to anyone interested in mental health and wellbeing. Whilst in traditional contexts, people inhabit the roles of service user, carer and clinician; in a Recovery College anyone can come and inhabit the role of student, regardless of the traditional label they might hold.

First launched in SouthWest London in 2009, there are 221 internationally, across 28 countries.

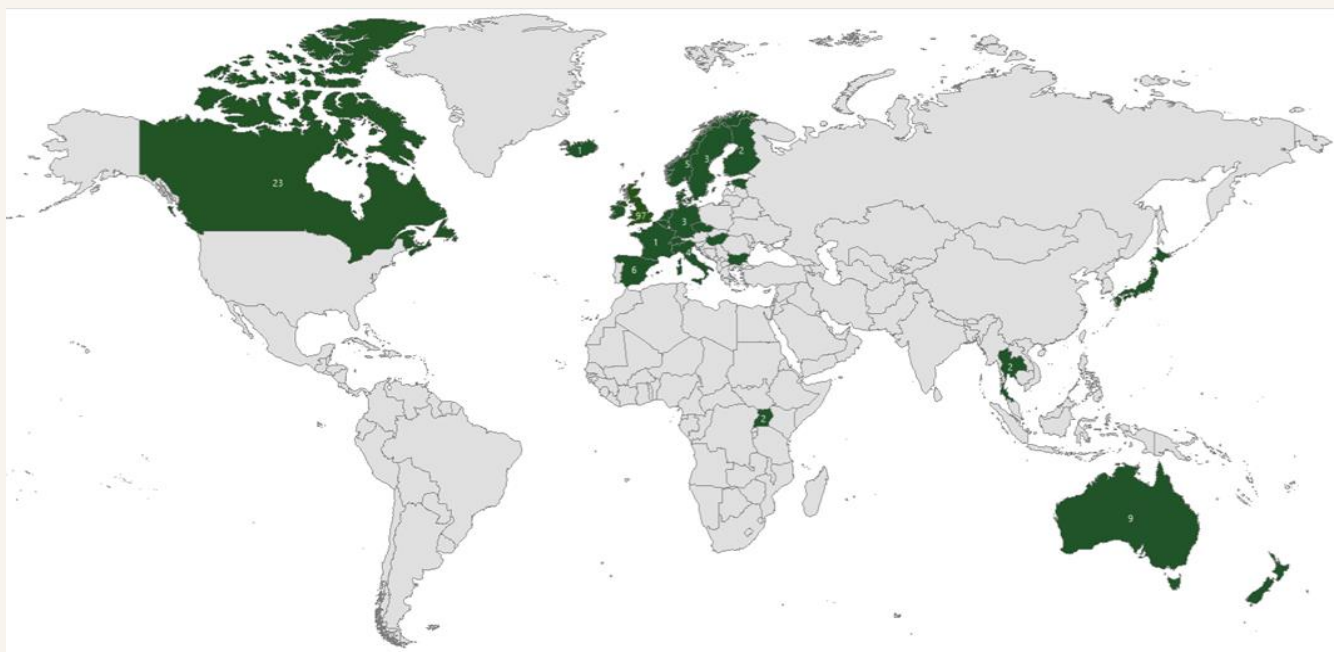
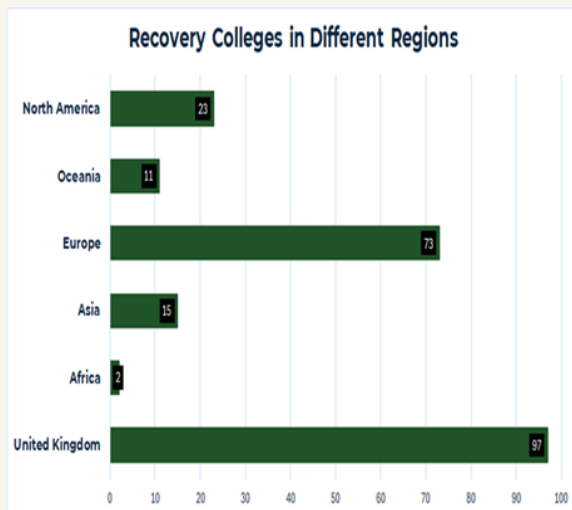


Image 1 Locations of Recovery Colleges [4].



However, although the Recovery College model is flourishing in the UK, with many other countries now embracing Recovery Colleges, Australia's experience has been limited. The Royal Commission into Victoria's Mental Health System [1] recommended Recovery Colleges as part of "pillars of the new service system" and the Australian Government's National Disability Scheme (NDIS) Review also recommended Recovery Colleges as a foundational support for people with psychosocial disability who are not eligible for the NDIS [5].

Image Caption: Recovery College numbers across different regions of the world.

Research evidence regarding implementation

The evidence base for Recovery Colleges as an innovative alternative model of care is growing. Recovery Colleges have the potential to transform the way services are delivered, and systems are structured, they have potential to reduce stigma by improving community understanding of different mental health experiences [2]. Recovery Colleges have been found to assist people to gain the knowledge and skills that give them hope, enhance quality of life, increase confidence in their ability to manage their own recovery, increase social connection and has the potential to facilitate pathways to further education and employment [6]. Recovery Colleges are commonly found to be a "stepping stone" to greater social inclusion and economic participation. Across Australia, there have been positive findings from pilot evaluations. [7, 8] and from research on established Colleges [9-11] but these findings, although promising have been limited in scope and quantity.

Lived experience perspectives

People with lived experience who attend Recovery Colleges have input into all aspects of the development and running of the college. Though co-production, people with lived experience can offer valuable knowledge that supports and informs how Recovery Colleges operate in order to support all their students to live the life they want to live. [12]. Recovery Colleges align with the priority to action and Phase 2 Consensus Statements - The Intermediary Horizon (12).

"Ensuring that information, techniques, tips and skills are available for people to learn so they can use them to understand and live the life they want to live.."(ALIVE Priorities Database)

Achieving Scalability

Scalability refers to the challenge of how to implement research evidence. The implementation of Recovery Colleges in Australia has been inconsistent and not always sustainable. This contrasts with international experiences where Recovery Colleges are being scaled up, out, and big simultaneously (<https://go.unimelb.edu.au/h98p>). In Australia, the focus of scalability should be multi dimensional and involve policy to support the establishment and sustainability of Recovery Colleges.

Implementation guidelines/strategies]

Action is needed to ensure that existing Australian Recovery Colleges (RC) continue to operate and new RCs are funded, developed and implemented.

Recovery Colleges	• Develop clear understanding of what personal recovery and coproduction means in the RC education context [13] • Provide training on coproduction explaining its links to power dynamics, practitioner attitudes, and shifting from a biomedical model. Training also considers how coproduction impacts the host organisations and what it means in practice [14] • Train and support people with lived experience to become involved in all aspects of the College including active participation as staff, educators, and committee members • Create a safe space including student orientation [7]
Auspecting organisations:	• Develop understanding and commitment to RC principles, including coproduction and education principles [15] • Providing a protected space within the organisation for RC to develop unhindered [16]
Funding organisations:	• Contracts and funding should include the adequate, sustainable resourcing for the establishment phase ◦ to create at least the first term courses ◦ to set up governance structures, shared values and principles ◦ for training and supervision of educators ◦ for sufficient administration support to develop appropriate structures for student processes [7] • Contracts and funding should include adequate and sustainable resourcing for peer educators and administrative functions • Evaluation outcomes are determined through coproduction [18]. • Enable iterative development of knowledge about the benefits for students, staff and host organisations [18].
Community	• Champion/s are needed to support implementation of the RC, through advertising, assisting in community involvement and facilitating communications about the RC [13] • Provide time and resources to incorporate community involvement into the development of local model adaptations and in the implementation and running of a RC [19] • Establish partnerships with community organisations, local education providers, mental health services and others to bring in expertise, resources and knowledge [7, 16, 19]
Local Clinical Mental Health Service	• Commitment to support the contribution of clinical and peer staff to the RC and incorporate this into their roles • Enable staff to attend RC, as part of their professional development. [6, 16, 20, 21]
Creating a future workforce	• Incorporating RC as placement and training opportunities for relevant students and professional groups [22]. • Provide a necessary training and leadership roles for the RC peer workforce to continue on career pathways [13]

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