Programma FOR: A Recovery College in Italy

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Introduction

Recovery is becoming recognized worldwide as a preferred model for mental healthcare service delivery.¹,² This model promotes active involvement of the service users in their care to work toward self-determined goals related to their sense of hope, purpose, connection and developing a meaningful life despite mental health challenges.

Recovery is gaining traction in Italy. Currently, organizations are working individually to implement recovery-oriented initiatives rather than working toward a unified system change. Nonetheless, recovery principles are providing the opportunity for the development of innovative new projects and initiatives. A recovery college is a model whereby professional and lived experience with mental illness is blended together to provide students with the opportunity to learn about facets of personal recovery through the development and delivery of educational courses. The Programma Formazione, Opportunità per la Recovery (FOR, www.programmafor.it) was established in 2013 by the Mental Health Department in Brescia and is the first recovery college in Italy to align with the fidelity matrix criteria of the Nottingham Recovery College.³ Service delivery using the recovery college model offers the opportunity to influence system change by involving a number of stakeholders while potentially improving service user outcomes.

The purpose of this paper is to describe the planning, implementation and evaluation of Italy’s first recovery college. The objectives are: 1) to describe the involvement of stakeholders and consultants in the planning process; 2) to describe the implementation of Programma FOR; and 3) to present a mixed-methods evaluation of the first year of
Programma FOR, which was undertaken by Fondazione Comunità Bresciana, a local community foundation.

Methods

Design

The project aimed to support local mental health services via organizational and cultural recovery-oriented transformation and to experiment with recovery pathways by providing a more active role for service users in defining and achieving their own goals. This project consisted of three distinct phases: 1) planning; 2) implementation; and 3) mixed methods evaluation.

Setting

This project was undertaken by a community mental health centre, serving about 250 people with mental illness across the province of Brescia, Italy.

Phase 1: Planning (Feb 2015-Sept 2015)

The purpose of the planning phase was twofold: 1) to engage stakeholders to coproduce a proposal regarding educational wants and needs that would guide the implementation of the recovery college; and 2) to train the service users, professionals and volunteers who would be facilitating courses in the recovery college.

Participants

Staff members, service users, family members and community members interested in mental health issues were recruited through a series of public meetings describing the goals and objectives of the recovery college project.

Output of Planning

The final products of the planning phase were an educational proposal accompanied by a prospectus, which outlined the purpose of the college and its courses, and all the materials needed to conduct the courses. Courses were selected to support personal recovery. All materials were developed to align with recovery college principles.

Phase 2: Implementation (Sept 2015-Sept 2016)

The implementation phase spanned the first two semesters of the Programma FOR Recovery College. The first target of the project was to reach service users, family members, and staff members of the mental health services in order to support them in adopting recovery-oriented practices. Adopting a person-centred approach to service delivery is an important component of recovery and the recovery college model is well-suited to support this recovery principle.
Participants

Facilitators were community mental health centre staff members, service users, family members and community members interested in mental health issues who had been trained during Phase 1 and chose to facilitate a course.

Programma FOR Recovery College courses were offered to all the service users of the community mental health centres of the Psychiatric Unit n°23 of the Mental Health Department of Brescia. Family members, staff members, community members and students from different schools and health professional courses were also eligible to enroll. Courses were promoted by leaflets made available throughout various mental health services and doctor's offices. In addition, the Recovery College was promoted through a service newsletter and the project website.

Phase 3: Evaluation (Oct 2016-Feb2017)

The recovery college evaluation methodology consisted of questionnaires, focus groups and direct observation. The objectives of the evaluation were:

1) To understand the perspectives of staff and service users;
2) To review the implementation process;
3) To review the socio-economic impact on the local health system;
4) To assess the strengths and weaknesses of the project; and
5) To consider actions for improvement of the project in the future.

Participants

Twenty staff members who had a role in the implementation of the project and delivery of courses participated in the focus groups designed to gauge their experience with the recovery college.

Thirty-four service users were recruited from the Programma FOR to attend a focus group in order to discuss their experiences within the college. Service users were engaged in the evaluation of the college in three ways: 1) they were asked to fill a questionnaire, 2) they participated in focus groups, 3) they completed a specific questionnaire about their participation in the WRAP (Wellness Recovery Action Plan), a course that has been considered representative of a typical course given its focus on self-management and coproduction.

Results

Phase 1: Planning

The courses included in the prospectus were grouped into four thematic areas: 1) recovery (what it means, what promotes and hinders it, the role of mental health services, etc.), 2) living with psychiatric symptoms and information about treatments, 3)
social networks and 4) creativity as an opportunity to rediscover people’s values and capabilities.

**Phase 2: Implementation**

Seventeen courses were offered in the first semester and twenty courses in the second semester.

In the first semester, there were 208 participants and 426 in the second semester as described below:

<table>
<thead>
<tr>
<th>Table 1. Participants</th>
<th>Semester 1 (n=208)</th>
<th>Semester 2 (n=426)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service users</td>
<td>130 (62.5%)</td>
<td>262 (61.5%)</td>
</tr>
<tr>
<td>Family members</td>
<td>40 (19.2%)</td>
<td>83 (19.4%)</td>
</tr>
<tr>
<td>Staff members</td>
<td>15 (7.2%)</td>
<td>37 (8.6%)</td>
</tr>
<tr>
<td>Community members</td>
<td>15 (7.2%)</td>
<td>30 (7.0%)</td>
</tr>
<tr>
<td>Students</td>
<td>8 (3.8%)</td>
<td>7 (1.6%)</td>
</tr>
</tbody>
</table>

**Phase 3: Evaluation**

**Staff Survey**

Of the 42 staff members surveyed, n=17 (40%) rated the quality of the educational process as ‘good’ and n=24 (60%) rated it ‘very good’. Staff comments supported these ratings, as staff highlighted that the project gave them the opportunity to experience different relationships with service users and that the project gave value to and heightened service users’ strengths and assets.

Of the 42 staff members surveyed, n=21 (50%) agreed that the project completely met their expectations while n=17 (40%) said the project partially met their expectations. The remaining 10% of staff (n=4) endorsed a more negative rating of their experience. In terms of expectations, staff discussed that their involvement with the project changed the way in which they worked with service users, who were more proactive in their roles within the college than in regular treatment at the community centre.

Overall, staff rated the role of the service users as very positive, but they were concerned about resources – specifically, the amount of time required to engage more staff members in the project and what more is needed for the organization to deliver recovery-oriented services.

Staff commented:

> It has been one of the more positive experience in my life…I gained more during these two years than what I gained in all the time I spent
in services in the past ten years…this project should involve more family members. (Staff)

“There have been some difficulties in communicating the project to other community services.” (Staff)

“The project needed a huge amount of extra work, and I don’t know how this could be assured in the future to provide the same level of quality and engagement across all the stakeholders.” (Staff)

“We would need a physical place that fits better the idea of being a college…the place and its quality is important to involve people.” (Staff)

“As far as I know, this is the first experience of this kind in our area…” (Staff)

**Service User Survey**

Service user survey data revealed that 65% rated their learning process as ‘very good’, while 35% rated it ‘good’. None of the service users rated their learning negatively.

Open-ended comments from the service users included:

FOR helped me in coping with some difficult problems and supported me in finding new relationships…I had the chance to focus on things I seldom thought about and speaking with other peers was very useful in finding the right words and ways to deal with those feelings… (Service User)

“I expressed my creativity…I thought I wasn’t a creative person at all; it was sort of restorative and an empowering experience.” (Service User)

One particular question gauged participant quality of life and personal aspirations: 70% of service users said the courses were useful in improving their quality of life and personal aspirations, and 20% indicated they were strongly convinced of it.

**Focus Groups**

The results of the focus groups qualify the answers to the questionnaires, in that service users commented quite a bit about the benefits of participating in the college. Specifically, some of the themes of their comments included:

- Students indicated they acquired new competencies through the courses and were able to make new social connections. For example, the majority of service users indicated they had improved their relationships as a result of attending the courses;
- The college’s approach to coproduction was very good by service users and was described as challenging, useful and satisfying;
• The training for WRAP and the Mental Health Recovery Star was considered very important in order to effectively promote the recovery approach; and participants indicated they wanted more of these kinds of courses;
• It was considered important to have a specifically dedicated place for the program in order to support its awareness and possibly, participation rates;
• Some suggestions for improvements included increasing the amount of discussion time and the variety of courses offered;
• Participants also felt that courses should be offered to service users that might be 'difficult to reach.'

The Evaluation of the Implementation Process

The evaluation of the process has been performed by focus groups; and its aim is to understand the implementation of the various phases of the project, and their corresponding strengths and weaknesses.

The following represent some of the participant statements as well as author comments.

Regarding the Development Phase of the Project

“We started to talk about recovery in 2010 in a working group of social workers…” (Staff)

The leading role of a group of professionals has been the active ingredient for steering the project in the organization.

Along the way we came across the Mental Health Recovery Star\(^7\) and il Chiaro del Bosco (www.ilchiarodelbosco.org), an association of family members who gave support and we set up a partnership with other Trusts and social cooperatives of our county. (Staff)

The adoption of the Mental Health Recovery Star as a tool for individual treatment planning has been an important milestone.

“Once we started to work with the Star, we asked ourselves which changes our services would need in order to make the recovery approach more embedded in the organisational culture. In the meantime, we met subject matter experts from ImROC and discussed their work. We understood that the Recovery College model could be a catalyst up toward wider changes in our services.” (Staff)
The High Commitment of Staff Members

“The idea of introducing in our services a Recovery College-like program was very exciting for all of us…we decided to work on it and to study the model.” (Staff)

In our town, different rehabilitative programs were running but none with a clear orientation toward recovery with strong service user involvement. We had the opportunity for some funding for a course on peer-support and that helped a group of users to work with staff members in the services on different tasks. (Staff)

It was important to have different points of view and different types of expertise, especially that of the service user. Therefore, it was important to have service-user involvement right from the beginning.

In the beginning, the involvement of staff members was on a voluntary basis; since then, there has been more of an effort to recruit a larger number of staff members to participate and provide additional input.

Allowing staff members to join the activities connected to the project had a positive impact because it promoted a bottom-up movement that is rooted in all the areas of the services rather than a traditional top-down process associated with service development. Various working groups, including the different stakeholders, were established for each of the themes of courses. The mandate for each working group is to establish topics and courses that can be included into the prospectus.

A number of lessons learned emerged during the examination of the implementation of the project. Specifically, a number of tasks within the service delivery are carried out in a general context in which rules and organizational culture are still far from the adoption of a genuine orientation toward recovery and coproduction:

“Service users have been the main target of the educational proposal of FOR…it would be important to have larger community involvement and welcome participation of those who have limited contact with formal mental health services.” (Staff)

Weaknesses of the project have been noted, and some comments include:

“If we want to implement a recovery-approach, the whole organization would have to make profound changes and this means investing money in different ways.” (Staff)

“We must also consider the legislative framework and all the accreditation rules of our services: we cannot change that…” (Staff)

“Some of us think that recovery and coproduction is something added to routine activities…but we have to change them!” (Staff)
“Innovation should permeate more routinely and innovation should be more accountable through the existing regulations.” (Staff)

“We cannot forget resistance…especially from professionals, like it or not, professionals tend to defend their status: we have to work more on this.” (Staff)

Discussion

Future Directions

The evaluation showed that service users found their participation in the Programma FOR Recovery College to be an enjoyable and valuable experience. Additionally, staff members recognized the recovery college model as a valuable tool to enable services to support individual recovery journeys. Programma FOR will continue without additional funding and will be integrated into services offered at the community mental health centre.

There was a general consensus and public acknowledgment of the positive impact of Programma FOR. Future recovery college goals will be to engage individuals with lived experience who are not in regular contact with psychiatric services and to increase partnerships between the program and general practitioners, social and community services.

Our goal is to disseminate our experiences with Programma FOR and the Recovery Star in order to raise awareness in areas that are different from ours in the public and private sectors. We are currently reaching out to these groups and establishing collaborations regarding recovery oriented practice and co-production.

Even though a bottom-up approach was important in order to empower the staff of the program, it also seems crucial to have a strong commitment of top management in promoting recovery-oriented services and coproduction in all areas of the organization.

Conclusions

Recovery colleges have been thought to promote a “multi-layer process” and in our experience this has been possible with a bottom-up approach. The generally positive impact of Programma FOR at this point needs to be fully adopted by an organisation that embraces it with a clear strategy of recovery principles. The cultural and organisational change that the recovery approach promotes is still the most significant barrier to overcome while service users seem to be the more interested stakeholders in moving on towards this direction.

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References