Joint Editorial

Improving Relationships, Lives and Systems: The Transformative Power of a Recovery College

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This themed issue, Leading Practices in Recovery Colleges, marks the final issue of the inaugural volume to the Journal of Recovery in Mental Health. Reflecting on this first volume of the journal, I am proud and impressed by all the international contributions and perspectives associated with our authors and articles. Specifically, this first volume has seen perspectives and viewpoints from a number of different countries including, Australia, Canada, Denmark, the United Kingdom including England and Wales, Italy, and the United States. This representation demonstrates the strength of the global recovery community and emphasizes how much can be gained by sharing innovative practices, research and lessons learned regarding recovery and system transformation.

In keeping with this aim of disseminating the latest recovery knowledge and research to the international community, the current issue regarding Leading Practices in Recovery Colleges also includes thoughts and perspectives surrounding recovery colleges from around the world. Each of the articles in this issue is authored by a member of the Recovery College International Collaborative of Practice (RCICoP). The RCICoP brings together recovery college users, leaders, and researchers from around the world. The aim of the collaborative is to translate knowledge and lessons learned to provide mentorship and support to recovery colleges in development and those evolving and expanding. I had the opportunity to attend the latest in-person meeting of the RCICoP. At this meeting, there was lively discussion about barriers and enablers of co-production, fidelity measures, outcome measurement and implications of the location of the recovery college. Reflecting on the discussion and on the papers contained within this issue, I am struck with the notion that we can all agree that recovery colleges

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represent a paradigm shift – a means by which to transform relationships, lives, and systems within the mental healthcare landscape. The articles contained within this issue illustrate this point perfectly. And in keeping with the spirit of recovery colleges blending together both professional and lived experience with mental illness, our editorial will do the same. Therefore, we will provide both a theoretical and practical means of demonstrating the ways in which recovery colleges do have the potential to transform relationships, lives and mental health systems.

Recovery Colleges Transform Relationships

As Pledger outlines in her article, the philosophy of the recovery college transforms the relationships between service users and mental health professionals. For example, the co-production embedded within the college recognizes that both perspectives are equally valuable and as such, attempt to eliminate the power imbalance and hierarchy that is often felt within mental health. In addition, Pledger outlines that true partnerships are not forced. If there is genuine respect and appreciation for all types of expertise, the mutually beneficial and long-lasting relationships are possible for ongoing sustainable impact.

Brian, you work with staff to co-develop and deliver courses, what was that like? Did you feel your perspective was valued? How do you think the students related to you as a course facilitator?

The first time I was ever approached about a recovery college program was by a psychologist at the hospital. She explained to me that it was a part of a pilot project where service users would facilitate groups at the hospital. I was running practically every day at this point in my recovery so naturally I wanted to have my own running group. There was some delay when we first tried to launch the group in the fall of 2015. We had to wait until winter passed. In the following spring 2016, we launched the running group. The group filled up quickly and had many interested participants. To teach the course, I found a Globe and Mail newspaper article on how to go from the couch to running 5 km in eight weeks that helped me in having a guide to follow. When it came to teaching, I did question whether I would be able to teach the class successfully. I would have a staff member to assist me; and that was a wonderful support when I doubted myself. I felt supported, and the students were great to work with. We would run for a couple of minutes then walk for a couple, and each week the running would get longer and the walking shorter. By the eighth week, we were running 5 km; and there was a sense of pride for me in accomplishing my personal goals and being a strong, effective teacher. I felt my views were valued because I was such a strong runner. I also feel participants could relate to me because I was a service user as well. What really stands out in my mind was that we had a budget; and for the last two weeks of running, we had sport drinks and granola bars for everyone. I remember how
happy everyone was after having two very strong runs to end the course. When I look back, running was a very ambitious group and took a lot of motivation. I did have some low numbers in attendance some weeks, but for the most part, students consistently came out. Later that fall, the recovery college program was launched at Ontario Shores. Many of the courses from the pilot project were rolled into the recovery college.

**Recovery Colleges Transform Lives**

In their examination of the impact the recovery college has on the lives of their students, Hall et al. have found student experiences to be mostly positive. Their research demonstrated that the lives of the students were positively impacted by an increase in knowledge, new ways of thinking about recovery opportunities and by using this learning to support making healthier lifestyle changes.

**Brian, what has been the impact on your life given your experience in the recovery college? What have you learned? How do you think your life has changed? How do you think your students in your courses view you?**

The second course I have been running for two years now in the recovery college program is a guitar course. I teach students in learning basic guitar skills and assist in their recovery journeys. The class has been very successful, and I have even learned and grown as an instructor. I remember when I had students that just could not play guitar; and in the beginning, I was not sure what to do. The biggest struggle was just remembering guitar chords. I had a break-through as a teacher when I had a student who had a difficult time remembering her guitar chords. I then learned that I could get her to just strum her guitar without holding any strings down and sing songs. I would play chords on my guitar slightly louder; and it turned into an exciting session where the students were smiling and having fun. They were participating in playing music and navigating their own paths on their recovery journeys. This then made me think of what recovery is. For some, it might be learning many chords in a semester, but in this case she did not have to learn any guitar chords at all. She was very happy with the course and always has a big smile when she sees me in the halls. When I think back to when I was very unwell with my mental illness, just getting out of bed and showering was a success; and that is what recovery is to me. Recovery can be measured in big steps, but also it can be measured in small steps as well. If I can make someone smile and feel hope, then I am doing my job as an instructor. I feel that my life has changed because I can now give back to the community. I now have meaning and purpose. I am now well and will continue to help those people in need who struggle with the catastrophic effects of having a mental illness. I will continue to give hope to those who may be struggling and to create a smile. I do this by giving constructive advice about playing the guitar and pointing out things that the student does well. This in turn builds their confidence and makes them stronger.
Recovery Colleges Transform Systems

Recovery colleges are not operated within a 'Medical Model' whereby individuals are referred to therapeutic treatment. The education-based program model is one of choice, selection and empowerment, designed to increase students' sense of control and pursuing opportunities that are meaningful. As outlined by Perkins and colleagues, moving away from a therapeutic model towards an education model is associated with individuals leveraging their strengths rather than focusing on symptoms; and it assists 'students' (not 'patients') in realizing self-determined goals and ambitions.

In this issue, Lucchi et al. outline the beginnings of this change within the Italian mental healthcare system. The implementation of the FOR Recovery College appeared to act as a catalyst in this endeavour by challenging staff and service users to first imagine and then realize the paradigm shift associated with the shared power of a recovery college.

Brian, do you feel the hospital has changed since we started the recovery college? Where should system transformation go? Ideally, what should mental healthcare look like if service users and service providers shared power?

I feel the hospital is changing so that service users are being partners in the care they receive. Co-production is a pivotal change in the hospital's direction. When I first arrived at Ontario Shores in 2014, there were very few roles for service users to be involved in. Now, in my personal experience, I have sat in on the interviewing process for the position of Forensic Director and also in an interview process for a Forensic Manager. I am also a member of the Patients' Rights Advisory Committee; and I believe we are making changes in the hospital as service users for service users. I give the service user voice and perspective to the Restraint and Seclusion Committee that meets monthly. Both committees meet to improve the quality of life for service users as they recover. Recovery is made possible when service users are involved with their care plan. Recovery college has been giving many individuals with lived experience of mental illness the opportunity to run their own groups, and this helps to give meaning and purpose to their lives. The system transformation should move towards more paid opportunities within the hospital for individuals with lived experience. I would like to see the recovery college host more classes to teach job-related skills. More classes are needed that would assist service users to find employment in the community. This may enable a smoother transition into the community and could give service users a sense of pride. I know finding meaningful employment provided a major change in my life and made me proud. I generally would like to see service users and staff share power to balance the current power difference in the same way that this article was a shared contribution of the professional and lived experience with mental illness.
Transforming Relationships, Lives and Systems

Finally, I think Ashcraft and Brown’s article outlines an interesting take on a promising practice, love. This viewpoint challenges roles, boundaries, conventions and practice within mental health. It would appear that its extent of integration into practice would impact all three levels of transformation – relationships, lives, and systems. The recovery movement is all about challenging viewpoints, and this promising practice based on unconditional positive regard is no different.

Brian, would you please comment about the times that your treatment team or anyone important showed you true support and caring and what that meant for you in your recovery?

When I think of pivotal times in my recovery where someone was a positive influence in my life and showed caring and support, I think back to the time when I was in hospital and the nurse manager and my psychiatrist helped me find a job and worked around my schedule to receive extended hours in the community. The staff of the unit where I was staying would make sure I had lunches and food when I returned from work. I also had privileges to finance a car. This really gave me an opportunity to excel with the transition to community. I remember the times when I was treated like a person through small things like saying good morning and good night. These small human behaviours are meaningful to service users. I also think of the Recreational Therapist who assisted me in my own recovery and recovery college. It is relationships that help service users succeed and feel valued. It takes someone to believe in us for change to occur and to support us along our recovery journeys.

Call for Papers

Looking ahead to the next volume and issue, The Journal of Recovery in Mental Health is seeking out submissions regarding Recovery in the Community. In this issue, we are attempting to highlight factors that ease the transition from hospital back into the community. This process is also known as social inclusion, and it is a fundamental enabler of realizing one’s recovery journey. A variety of emerging innovative practices are being implemented to assist in this process, such as the use of peers in the transition. These types of services are designed to influence facets such as connection with family and friends, arts and leisure, housing and employment. By promoting citizenship for those with severe mental illness, we are effectively minimizing stigma and further transforming our systems, our cultures and our communities.

References

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