East Midlands Spinal Network
East Midlands Critical Care Network
East Midlands Major Trauma Network

THE RECOVERY PARADIGM AND RECOVERY COLLEGES

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AIMS

This poster proposes an internetwork exploration of the principles of recovery and a relatively new paradigm and process in the mental health arena manifested in the Recovery College system. It will provide baseline information for interested parties from the EMSN, EMCCN and EMMTN alongside colleagues in the Mental Health Network for further investigation and collaborative working. This poster aims to

- Provide a clear understanding of the Recovery Paradigm
- Introduce and explore the concept of Recovery Colleges (RCs)
- Prompt and initiate discussion that will facilitate inter-network working and service developments.

BACKGROUND

Network members have noted increasing difficulties in accessing mental health services for patients recovering from effects of their acute illness journey particularly in line with NICE (2017) *Rehabilitation after Critical Illness* guidance. The EMCCN established a training programme for healthcare professionals to support Increasing Access to Psychological Therapy (IAPT) with reported success (Mays et al., 2020). An EMSN patient experience project highlighted difficulties accessing psychological support for those with spinal injury.

Mental health care has undergone a cultural and organisational change over the last decade where there has been a paradigm shift from a medical model that focuses on alleviation of symptoms to a complementary one of recovery where people learn how to live with their mental health condition through increasing self-esteem, empowerment, self-determination and adjustment to disability

Central to the process is the education component where the patient/service user (all ages, all conditions) becomes a student and furthermore, a peer support to other students dealing with mental health issues. Wellbeing with a recovery focus is central to this new model of care and RCs have arguably revolutionised the way people are supported with their mental health (Anfossi, 2017).

DEFINITION

Recovery Colleges were first pioneered in three services in the UK (two in London and one in Nottingham).

A Recovery College is a physical space, where *students* (preferred term over *service users*) receive support and education from experts by profession (mental health care professionals) and those with expertise by experience (peer support workers who are recovering from mental health issues). Central to the Mental Health Recovery College system is a focus on enabling individuals and rebuilding lives rather than simply symptom relief, valuing lived experience alongside professional expertise, underpinned with principles of collaboration and coproduction. It is primarily an educational approach with peer support from and for those with a lived experience of mental health conditions, which may provide our Networks with an opportunity for regional service developments and quality improvements.

Perkins, Repper, Rinaldi and Brown (2012, pp2-3) summarise the features of a college thus:

- **Redefinition of purpose of services from reducing symptoms to rebuilding lives**
- **A change in the role of mental health professionals and professional expertise**
- **Recognition of the equal importance of professional expertise and the lived experience with co-production between people with personal and professional experience of mental health problems**
- **A different relationship between services and the communities they serve.**

COLLABORATION

Opportunities for inter-network working and collaboration exist across the EMCCN, EMMTN, EMSN and the Mental Health Network where there are gaps in provision of psychological support for patients and/or staff who have

- **Entered our acute care pathways with pre-existing mental health needs**
- **Lived-experienced of psychological trauma pre-admission or as a direct result of critical illness and treatment**
- **Sustained life-changing injury**
- **Been exposed to challenging work environments and the pandemic era.**

REFERENCES:
Anfonsi A (2017) *The current state of Recovery Colleges in the UK* ImROC
Mays et al (2020) Brief training in psychological assessment & intervention skills for Critical Care Healthcare Professionals: A mixed methods evaluation. *Authorea*, Oct 20, 2020.
NICE (2017) *Rehabilitation after Critical Illness* NICE. .

STAKEHOLDERS

RCs local to our Network member organisations across the East Midlands region include:

Nottingham RC – Duncan McMillan House
Nottingham.recovery.college@nottshc.nhs.uk
Derbyshire: Rethink
derbyshirerecoverypeersupportservice@rethink.org
Lincolnshire RC left.recovery.college@nhs.net
Northamptonshire Healthcare RC
recovery.college@nhft.nhs.uk
Leicestershire RC LPT.Recoverycollege@nhs.net
Staffordshire RC Midlands Partnership University NHSFT 01785 221257

This poster is the first step in starting a conversation, following which members of our Network organisations will be invited to participate in further discussion and project planning with our Mental Health colleagues.

RECOMMENDATIONS AND WAY FORWARD

Our Networks have a history of working well within the Model for Improvement.

We will aim to improve access for our patients and staff to mental health services according to their needs to enhance their recovery process.

We will employ a PDSA cycled approach for one or more pilot projects/studies.

We will explore ways in which the Recovery Paradigm can be employed in our clinical specialties and how that might be used to best effect for the ongoing care for our patients through

- Literature review and discussion paper(s)
- Establishing an inter-network project group
- Forming links with key stakeholders from local RCs and the Mental Health Network
- Patient focus groups to identify specific needs
- Investigating potential funding streams and writing a business case - including the exploration of options available for pilot studies, for example
  - Straightforward self-referral to RCs for those already engaged in mental health care services with access to a full range of existing courses (cost neutral option)
  - Bespoke courses specific to our patient needs to be potentially developed through co-production and co-teaching
  - Identification of potential peer support workers and clinical teachers with appropriate training

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