Jersey Recovery College
Hope · Empowerment · Opportunity

Jersey Recovery College
Response to Assessment of mental health services
Scrutiny Review - Health and Social Security Panel

The beginnings: *A Mental Health Strategy for Jersey (2016 – 2020)*

In Health and Social Services' (HSS) *A Mental Health Strategy for Jersey (2016-2020)* five strategic areas were identified as priorities; the first of which was Social Inclusion and Recovery.

This strategic priority identified how "Recovery-focused services are a central component to making health services fit for the twenty first century" and that delivering the required changes "may require a significant cultural and philosophical shift in mental health service delivery".

In its mental health strategy, Jersey is following an international trend towards recovery-focused mental health services. The strategy outlines several key commitments to support this shift, including:

- **[HSS] will work towards the establishment of a Recovery College which is service user led with support from mental health organisations and professionals.**

Jersey Recovery College (JRC) began development in 2016 using an innovative co-production design process bringing together over 130 people with lived experience of mental health difficulties, their carers and friends, and professionals from mental health and other services. This community designed the new service and JRC became operational in January 2017. It is an independent charity, supported and commissioned in a large part by ongoing States of Jersey funding under a Service Level Agreement.

JRC provides education and training opportunities for people experiencing mental health difficulties and the families, friends and professionals who support them. It's courses support adults to enhance their knowledge and understanding of mental health conditions, recovery, wellbeing and life skills.

All JRC courses work to recovery-principles and aim to provide hope, opportunity and empowerment values. Every course is co-produced and delivered by a peer trainer, with lived experience of a mental illness, and a co-trainer, with professional expertise in the topic area. Peer trainers are employed by JRC, co-trainers are volunteers and are often clinicians from local statutory mental health services.

JRC is a self-referral service as it's important that students attend when it's right for them. All its courses are free for people to attend.

JRC has enrolled a total of 455 individual students since opening in January 2017, 131 of which have returned for more than one semester. Our student evaluations capture over 90% satisfaction rates on meeting our learning objectives; meeting expectations; recommending JRC to family/friends; and whether attending JRC has helped students with confidence, to feel more supported, connected and positive about the future.

Vision – moving towards recovery

JRC's vision is to be the island's champion of recovery and co-production, to influence change in mental health services and to contribute to the personal growth and understanding of the recovery of our students.

> "[Recovery is] the personal journey people with different mental health experiences take to rebuild, rediscover their strengths and live meaningful, satisfying lives." *Central and NorthWest London NHS Foundation Trust*

> "Co-production means delivering public services in an equal and reciprocal relationship between professionals, people using services, their families and their neighbours. Where

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activities are co-produced in this way, both services and neighbourhoods become far more effective agents of change." *Boyle and Harris, 2009*

JRC has been committed from its outset to support a shift across mental health services towards co-production and recovery-focused practice. Our Charitable Objects support this and echo other commitments within the Social Inclusion and Recovery element of the *A Mental Health Strategy for Jersey (2016-2020)*.

Key JRC charitable objects:

d. to enhance and support the knowledge, training and experience of mental health professionals through the delivery of co-produced education;
e. to champion recovery, address stigma around mental health and support the transformation of mental health services across the island.

Additional commitments of Social Inclusion and Recovery strategy for Jersey:

- **We will work with service providers to establish the principles of a recovery-based approach which will be embedded within all policies, protocols, strategies and processes.**
- **We will review the evidence from and the other extensive work conducted in the UK and seek advice from recovery experts to help deliver this change.**
- **We will place the concept of recovery at the centre of all mental health related training and practice development across the life course in mental health services.**

Influencing organisational change

As identified by the Sainsbury Centre for Mental Health in their article *Implementing Recovery. A methodology for organisational change (2010)*[1]*,* 10 key organisational challenges are highlighted as essential considerations for an organisational shift towards recovery-focused practice. They are:

10 Key organisational challenges

1) Changing the nature of day-to-day interactions and the quality of experience;
2) Delivering comprehensive, user-led education and training programmes;
3) Establishing a 'Recovery Education Unit' to drive the programmes forward;
4) Ensuring organisational commitment, creating the 'culture'. The importance of leadership;
5) Increasing 'personalisation' and choice;
6) Changing the way we approach risk assessment and management;
7) Redefining user involvement;
8) Transforming the workforce;
9) Supporting staff in their recovery journey;
10) Increasing opportunities for building a life 'beyond illness'.
(from *Implementing Recovery: A new framework for organisational change*, Sainsbury Centre, 2009).

[1] An expert source used in the development of 'A Mental Health strategy for Jersey 2016 – 2020'.

According to the Sainsbury Centre, the establishment of a recovery college is a critical driver for cultural change:

> "[W]ithout addressing Organisational Challenge 3 [Establishing a Recovery Education Centre] there will be no focus for delivering the training programmes for staff and users which are necessary to drive the organisation forwards". *Sainsbury Centre*

However, the article also indicates JRC cannot reach its full potential as a catalyst for change without commitment from all levels of HSS:

> "[W]ithout addressing Organisational Challenge 4 [Ensuring organisational commitment] the training initiatives are likely to have only limited impact. Leadership and organisational commitment are always important in any kind of organisational change process and moving towards more recovery-oriented services is no exception." *Sainsbury Centre*

Moving forward

Funding

JRC has proved to be a valuable and important part of the mental health ecosystem in Jersey, which has been recognised in the funding and commitment already provided to JRC by the States of Jersey (SoJ). Our SoJ Service Level Agreement (SLA) funding currently accounts for 75% of our projected income for 2018.

The States of Jersey funding is critical to our survival as an organisation. As a very young charity we are not yet able to generate significant amounts of community fundraising and donations as our profile is still building. Most of our focus over the past 20 months has been getting our service off the ground, attracting trainers and students and securing the foundations of our charity.

JRC could not currently continue without the States of Jersey funding, yet since inception we have never had more than one-year certainty on our funding and SLA. This makes forward planning very difficult. Organisations such as ours need at least three-year commitments to funding.

JRC is only just beginning and we have great potential to influence change, but we need security and commitment from our main funder to achieve this.

Partnership - Co-production and recovery

JRC provides an opportunity for mental health practitioners to work within a recovery-focused and co-production model. Professionals who experience working in this way take it back into their working practice. Students who view professionals working for JRC can see them in a different light challenging sometimes negative perceptions about services. This is where change begins.

> "There is something so liberating about the whole idea of service users working with mental health practitioners. Until I heard of it, I would never have thought it was possible…we are smashing down the barriers by working together. We get to see each other in a different light. It's brilliant."
> *Peer Trainer, Jersey Recovery College*

JRC wants to work with as many statutory mental health professionals as possible to influence this cultural change. We also have many courses we wish to programme that require clinical input, courses such as 'Living with Bi-polar Disorder'; 'Understanding depression'; 'Supporting someone with an eating disorder'; 'Positive Psychology'; and, 'Telling your story'.

The clinicians who currently work with us do so on a mixture of agreed working time and voluntary time. There are many clinicians who have approached us to work with us but cannot take the time within working hours. This is understandable with the capacity issues within mental health services at present. JRC, however, cannot develop or fulfil its remit as a true catalyst for change without more clinical input.

We would like to agree a more defined partnership approach with mental health services to allow staff to be released for agreed timeframes to work with JRC. We believe the benefits of this would be significant to JRC, to the professionals we work with and in turn the services they work for, and to our community – our students and those who access mental health services. For this to work well there would need to be a clear, consistent and widely communicated process by which service staff could request to work with JRC and this could be encouraged by inclusion in PDPs. This kind of partnership requires the level of organisational commitment mentioned in the Sainsbury Centre article. It needs buy-in from the most senior levels and to be cascaded down to front line staff.

Some mental health trusts in the UK that are successfully shifting towards an organisation-wide recovery-focused model often have a Social Inclusion and Recovery Lead who sits within services but partners with external agencies such as recovery colleges. This role coordinates and champions recovery practice and opportunities to interact with service users, or 'experts by experience', through recovery colleges and elsewhere in the trust. A similar approach would be a valuable investment by HSS. It is also worth considering the value that Experts by Experience can bring directly to service reviews, operations and development. Many NHS trusts have Experts by Experience embedded within their organisations, as well as within their recovery colleges. Some trusts even have experts by experience in senior roles. It would be a great step-forward for Jersey to follow these examples.

Other ways JRC could support co-production and recovery-focused practice within services would be to become the training go-to for service staff. This could include inductions and CPD. We could work closely with services to identify what they needed in their training programmes and design and deliver the courses using the JRC co-production model. We know that co-production is powerful because it combines the strength and expertise of the professional and the person who has experienced mental illness first hand. We believe this could bring recovery to life for clinicians in new ways.

Finally, we believe moving towards a greater partnership between JRC and mental health services and creating opportunities for staff to become involved in more recovery-focused and co-production work, could entice candidates from more progressive mental health systems – be it UK or further afield – to see Jersey's health services as an enticing place to work. This could help fill some of the vacancies across services.

Partnership and autonomy – staying true to who we are

It was always the intention of the mental health strategy that JRC would be service-user led and the team who volunteer and work for JRC consist of those with lived experience of mental illness, carers and mental health professionals. We understand recovery because we are living it. This is our strength, but it is also a challenge.

All our workforce has experience of the impact of mental illness. This has forced us to be a very thoughtful employer around wellbeing and support in the workplace, unfortunately the nature of mental illness is that it can reoccur. 2018 has been an especially challenging year for illness across our organisation. This has meant that we have had to rearrange and cancel some of our courses this year. While we know from sister organisations such as Dorset Mental Health Forum, that this is a very natural part of our evolution as a peer organisation, it is important that it's understood from those looking in on what we are doing. We do and can continue to achieve great things, our lived experience married with co-production gives us the strength and insight to do so, but we must also be true to the type of organisation we are and embrace all that that means.

When it was designed, it was requested by the community that JRC would work in partnership with services but maintain a high degree of independence and have its own model. Unlike some UK Recovery Colleges which are open to those accessing secondary care, our service would be open to anyone with a mental health difficulty. We would not collate notes on students' health or assess their level of risk, attendance would be on a self-referral basis and our evaluation process would be anonymous. We wanted to be as community-focused and inclusive as possible and to remove barriers to entry. As outlined above, we are very keen to strengthen our partnership with services and to work on joint initiatives. However, it's important that this is always done within our model which has been

designed by the community we are serving. This means working on partnership agreements that acknowledge the independence and identity of both organisations while laying the foundations for great mutually beneficial work.

Conclusion

In summary, we believe great steps have been taken towards laying the foundations for change in our mental health ecosystem towards a more recovery-focused culture. This has been initiated and supported by the mental health strategy and the hugely supportive commissioning team we have had the pleasure to work with. There is, however, a great deal more that can be done and it comes down to organisational commitment from HSS at the highest levels right down to the front life staff to explore and embrace working with co-production and recovery-focused practice. It will require partnerships with organisations such as JRC and joint up strategic thinking across all parties.

As identified by the Sainsbury Centre and ImROC, recovery colleges are ideal vehicles to support organisational change but they cannot do it alone. They need the partnership and support of mental health services to be truly effective. JRC has a good relationship with many individuals within mental health services and a great relationship with our commissioning team, but we are not yet at the stage where we have a defined partnership plan with mental health services and this is truly needed for us and the social inclusion and recovery element of the mental health strategy to succeed.

Jersey Recovery College would warmly welcome the opportunity to meet with the panel and discuss our submission.