
Annual Report 2011 – 2012

South West London Recovery College

*'I cannot explain how grateful I am and would encourage those who doubt the possibility of recovery to trust not only this process but most importantly the Recovery College itself. It gives me great faith and trust in you all at the college, especially the Peer Trainers/Peer Support Workers who stand by the colleges' motto of **Control, Opportunity and Hope**.*

*I began my journey with Exploring Spirituality, which gave me the slightest bit of **hope** that something could be different in my life. I found through doing 5 ways to well-being that I had to explore my own way of what worked for me in remaining well and for me it is about giving, giving back to those in need and being grateful to those who have made a difference in my life, included here in the Recovery College. I went on to find and explore the immense **opportunities** that were out there while doing the course on Pursuing Ambitions and Dreams. Throughout this whole process I have, with the help of the college, been able to take back **control** in my life that previously had been falling apart.'*

Date:	August 2012
Current Version:	V1.0
Status:	Public
Author:	Miles Rinaldi, Mo Marland & Steve Wybourn
Owner:	South West London & St George's Mental Health NHS Trust
Commissioned by:	Mark Clenaghan, Jeremy Walsh & Glynn Dodd

Executive summary

Summary

This annual report provides details of the activity of the South West London Recovery College along with student (service user) feedback from courses. The health service usage of students who attended courses (pre and post) is also reported.

Key messages:

- In 2011/12 a total of n=1057 individual service users (students) attended courses at the Recovery College. A further n=72 family and carers and n=131 staff attended courses. A total of n=431 courses were delivered to all students.
- Of the n=1057 students who attended courses 44% had a diagnosis of schizophrenia and 13% had a diagnosis of bipolar disorder.
- At the time of attending courses 26% of students had been allocated to clusters 1-6, 11% to clusters 7-8, 62% to clusters 10-17 and 1% to clusters 18-21.
- 71% of students who registered for courses actually attended courses. Of those, 62% completed 70% or more of the course.
- On average students attended 2.57 courses.
- 44% of courses were delivered from the hub at Springfield with the majority of courses delivered in community and partner agencies venues across the boroughs: 16% in Merton, 14% in Sutton, 11% in Kingston and 15% in Richmond.
- In 2011/12, student experience was rated very positively. The majority of students either strongly agreed or agreed that:
 1. They felt more hopeful for the future as a result of the course (**84%**)
 2. The course helped them to set goals that were reasonable and within reach (**85%**)
 3. They were able to do the things they wanted to do in life as a result of the course (**75%**)
 4. The course met their expectations (**95%**)
- Significant variance was found in student experience between boroughs showing that more needs to be done on quality assurance of the courses and the trainers to reduce the variance in student experience.
- Pre and Post health service usage showed that after 6 months of attending a course there had been a reduction in mean community contacts and occupied bed days. There was a significant reduction in the mean community contacts for those students who have attended and completed 70% or more of courses.
- Pre and Post health service usage showed that after 12 months of attending courses there had been a reduction in both mean community contacts and occupied bed days. There was a significant reduction in the mean community contacts for those students who had both attended courses and who completed 70% or more of courses. There was a significant reduction in occupied bed days for those who had completed 70% or more of courses.

'I struggled before attending the College to have purpose and meaning in my life and through attending courses like 'pursuing ambitions and dreams' and 'five ways to wellbeing' I began to have dreams and aspirations and found a new meaning and purpose through which to move forward and think about the future in a more positive light. Many courses like 'introduction to recovery' and 'taking back control' allowed me to see that I am in the driving seat of my recovery and steps I need to take, even if small and slow, in order to get there.

Change is always encouraged but never enforced and therefore a greatly empowering experience done through self reliance, determination and the great support of the trainers within the College. I have met some amazing and inspiring people at various courses, most of whom have come a great distance in their lives and who wish to grow further through learning, sharing and supporting others attending the college courses. I am amazed how safe I have felt within the College, some kind of home from home. Judgement and discrimination is never felt and this along with set ground rules allows you to feel safe enough to share as much or as little within the courses as you choose.

The College has been educational and taught me many more coping strategies, increasing myself awareness and what to look out for in order to remain well or steps that need to be taken to prevent situations from getting any worse. It is quite a comfort to know that things don't always have to be as painful as they were and through greater self awareness you learn to be more alert for triggers and can nip them in the bud before they spiral out of control. A life apart from constant pain and daily struggles is possible and with a bit of hard work, change and determination is inevitable. A path whereby which you too can regain your life back and remain in the driving seat of what it is you truly want out of life.'

Introduction

Promoting recovery is central to 'No Health Without Mental Health' (Department of Health, 2011) not only in relation to objective 2 (more people with mental health problems will recover) but also to the promotion of well-being and resilience (Objective 1), improving the experience of care (Objective 4), minimising avoidable harm (Objective 5) and reducing stigma (Objective 6).

The establishment of Recovery Colleges has been identified as one of the key organisational challenges for mental health services in moving from traditional services into recovery focused services (SCMH, 2010). In 2011, NHS London published 'Mental Health Models of Care for London' in which the South West London Recovery College was identified as an example of good practice and model of future service delivery. More recently, within the implementation framework for 'No Health without Mental Health' (Department of Health, 2012) Recovery Colleges are one of the few service models highlighted for implementation.

Recovery Colleges use an educational paradigm to complement traditional treatment approaches to mental health care (Ashcraft & Anthony, 2005) through providing information, resources and self-management education. Educating people about their conditions and supporting self-management are important components of NICE clinical guidelines (NICE, 2009; 2006), is an effective way to promote empowerment (Warner, 2009) and to build knowledge and confidence to participate in shared decision-making (Stiggelbout et al, 2012). Actively supporting self-management is a quality statement of service user experience within adult mental health services (NICE, 2011). In 2011, the King's Fund identified the

commissioning of active support for self-management as the number one (out of 10) priority for commissioners in transforming the healthcare system in England (Imison et al, 2011).

In 2009 the Trust piloted a Recovery College across the boroughs of Merton and Sutton. The pilot co-produced and co-delivered (between both people with personal and professional experience of mental health conditions) a small curriculum of recovery focused courses. The evaluation was very positive in terms of student (service user) experience and outcomes, and in addition, after 12 months a reduction in health service usage was found for students who had attended courses (Rinaldi & Wybourn, 2011).

Building on the success and lessons learnt the South West London Recovery College (SWLRC) opened in September 2010 the first in the UK. The SWLRC operates as a hub and spoke model across the boroughs of the Trust. The SWLRC was not developed to replace opportunities and resources already available in the local area (e.g. courses run by local colleges) but to complement these and encourage service users to access other opportunities available in the local area. To date, feedback from students who have attended courses has been extremely positive, from the Care Co-ordinators perspective they also rate the service user experience of the SWLRC very highly (Rinaldi & Suleman 2012).

This annual report provides details of the activity of the SWLRC in 2011/12 along with student (service user) feedback from courses. The health service usage of students who attended courses (pre and post) is also reported.

Who attends courses at the Recovery College?

In 2011/12, a total of n=1,260 individual people used the Recovery College. Of those, n=1,057 were service users, n=72 family and carers and n=131 staff. The demographics for family and carers and the staff who attended courses are not reported in this annual report. Table 1 shows the overall demographics for students (service users) followed by demographics per Trust borough. Significant differences were found between boroughs on age ($\chi^2=11.24$ df=20 p=0.0001); gender ($\chi^2=17.68$ df=4 p=0.001); ethnicity ($\chi^2=93.4$ df=16 p=0.0001); primary diagnosis ($\chi^2=83.18$ df=32 p=0.0001); and length of time with services ($\chi^2=37.62$ df=16 p=0.002).

Table 1: Demographics for students (service users) in 2011/12.

		Overall	Wandsworth	Merton	Sutton	Kingston	Richmond
Total Number of students		N=1057	N=283	N=207	N=254	N=142	N=171
Gender	Male	44%	35%	53%	46%	43%	39%
	Female	56%	65%	47%	54%	57%	61%
Mean age (s.d.) range		42.7 yrs (12.9) 18-87 yrs	40.6 yrs (10.7) 18-87 yrs	41.3 yrs (11.3) 19-76 yrs	43.1 yrs (12.6) 18-75 yrs	42.6 yrs (13.9) 18-81 yrs	48.1 yrs (15.3) 20-82 yrs
Ethnicity	White	69%	57%	59%	80%	76%	78%
	Asian or Asian British	11%	8%	16%	10%	13%	11%
	Black or Black British	18%	34%	22%	9%	9%	9%
	Chinese	1%	0%	1%	0.5%	1%	1%
	Other	1%	1%	2%	0.5%	1%	1%
Diagnosis	Schizophrenia	44%	44%	45%	51%	31%	44%
	Bipolar Disorder	13%	14%	20%	10%	14%	9%
	OCD	2%	2%	1%	2%	3%	1%
	Depression	17%	12%	13%	15%	25%	28%
	Anxiety	5%	3%	4%	5%	5%	5%
	Substance Misuse	8%	7%	11%	10%	8%	4%
	Personality Disorder	9%	15%	4%	7%	10%	8%
	Eating Disorder	1%	2%	1%	0%	4%	1%
Other	1%	1%	1%	0%	0%	0%	
Contact with mental health services (Mean years and s.d.)		6.7 yrs (4.3)	6.5 yrs (4.1)	6.4 yrs (4.1)	7.7 yrs (4.6)	6.4 yrs (4.4)	6.3 yrs (4.0)

Figure 1 shows the mental health care clusters students were allocated to at the time of attending courses in 2011/12. Overall, it is encouraging to find that 26% of students were from clusters 1-6, 11% from clusters 7-8, 62% from clusters 10-17 and 1% from cluster 18.

Figure 1: Care cluster at time of course

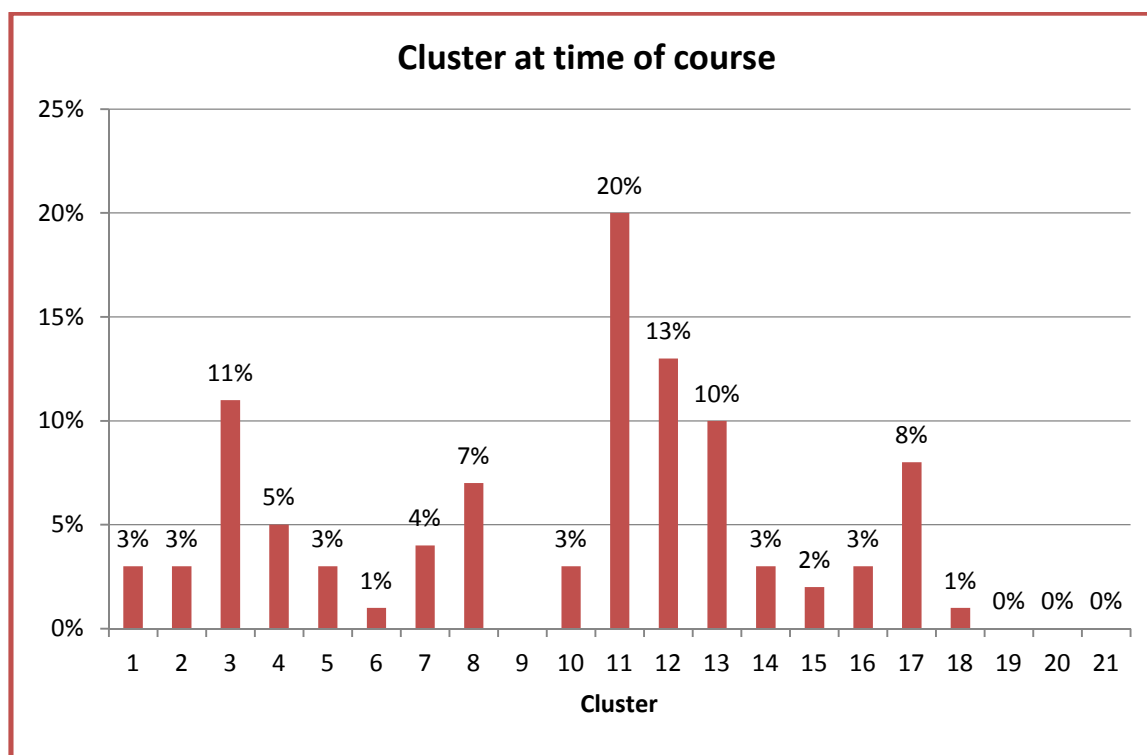


Table 2 show the care clusters by borough that students were allocated to at the time when they attended a course in 2011/12. As with the demographics for students significant differences were found between boroughs within care clusters ($\chi^2=34.05$ df=12 p=0.001).

Table 2: Care cluster by borough at time of course

	Wandsworth	Merton	Sutton	Kingston	Richmond
Clusters 1-6	26%	22%	23%	35%	26%
Clusters 7-8	14%	6%	6%	16%	16%
Clusters 10-17	60%	71%	71%	49%	57%
Cluster 18	0%	1%	0%	0%	1%

What courses have been delivered at the Recovery College?

In 2011/12 a total of n=431 courses were delivered to all students. The SWLRC operates as a hub and spoke model across the five boroughs of the Trust with the hub being at Springfield Hospital. In 2011/12, 44% of courses were delivered from the hub. However, the majority of courses were delivered in community and partner agencies venues across the boroughs: 16% of courses were delivered in Merton, 14% in Sutton, 11% in Kingston and 15% in Richmond.

The SWLRC prospectus groups all the courses under five headings. In 2011/12, 22% of courses delivered came under the heading of 'Understanding mental health conditions and their treatment', 59% under 'Rebuilding your life – the road to recovery', 11% under 'Developing knowledge and skills', 3% under 'Family and carer educational courses' and 5% under 'Getting involved'.

The top ten most popular courses in 2011/12 were (ranked with the most popular first):

1. Introduction recovery
2. Pursuing your dreams and ambitions
3. Introduction to mindfulness
4. Understanding a diagnosis of psychosis and schizophrenia
5. Five ways to wellbeing
6. Taking back control: planning your recovery
7. Living beyond depression
8. Return to work or study
9. A good night's sleep: ways of managing sleep problems
10. Easy internet for beginners

In addition to the courses set out in the prospectus the SWLRC ran four open days and taster sessions during the year across the boroughs for potential students. At the last open day n=73 people came to learn more about the courses and library at the college and meet with trainers and current students.

'I enjoyed meeting some of the students and members of staff who are an inspiration to me and hope my husband Michael and I will be able to do some of the courses they recommended.'

In 2011/12, students attended a mean of 2.57 courses (range 1-18). Demand for places on courses is high. With the SWLRC operating a hub and spoke model it enables students to be offered the courses of their choice at the earliest opportunity anywhere across the Trust. It is interesting to note that students appear willing to travel outside of their borough of residence to attend courses. In 2011/12, 34% (n=381) of students travelled to courses outside of their borough of residence: 61% of students who live in Merton choose to attend a course in a different borough, as did 50% of students from Sutton, 31% of students from Kingston, 17% of students from Richmond and 7% from Wandsworth.

In 2011/12, 71% (n=754) of students who registered for courses actually attended courses. Of those, 62% attended 70% or more of the course they registered for. This is very encouraging and echoes the findings from the pilot of the Recovery College in Merton and Sutton. No significant differences were found for students completing 70% or more of courses by care cluster ($\chi^2=4.57$ df=3 p=NS) however, there was a significant difference by diagnostic groups with students diagnosed with substance misuse being less likely to complete 70% or more of courses in comparison with other diagnostic groups (44% Vs 60%: $\chi^2=19.55$ df=8 p=0.01). Significant differences were also found by age with students in the 26-40 years category being less likely to complete 70% or more of courses in comparison with other age groups (46% Vs 62%: $\chi^2= 40.69$ df=5 p=0.0001) and students who had been in contact with mental health services for between 2-4 years were less likely to complete 70% or more of courses in comparison to other lengths of time with services (52% VS 61%: $\chi^2= 10.51$ df=4 p=0.03). There were no significant differences by gender ($\chi^2= 4.88$ df=1 p=NS) or ethnicity ($\chi^2= 5.57$ df=3 p=NS).

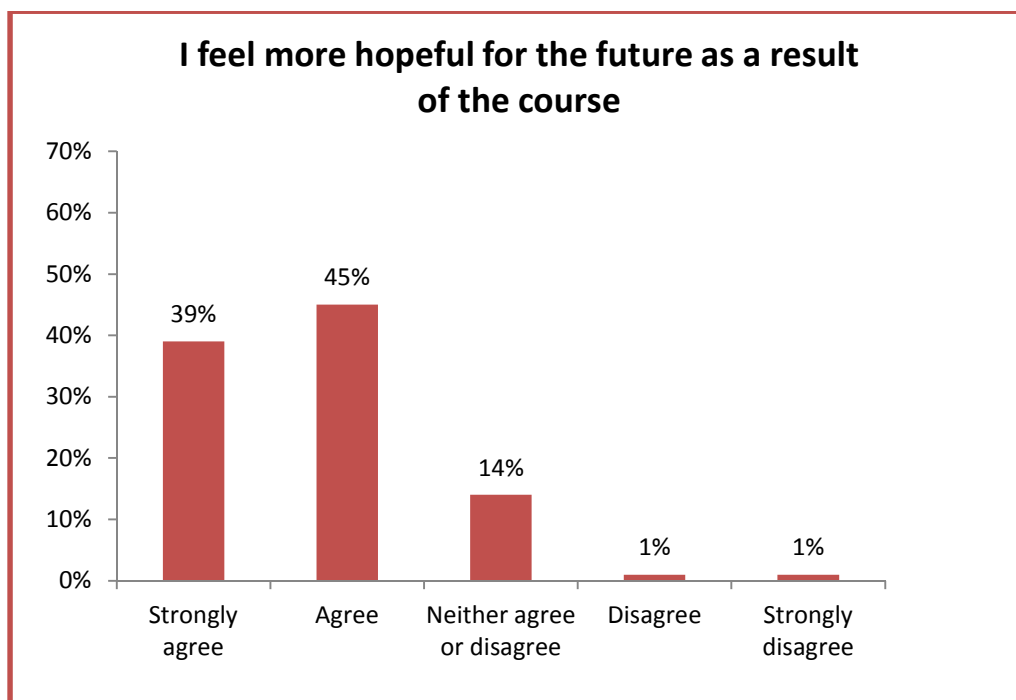
Student experience

Student experience of the SWLRC is collected in real-time at the end of each course. In 2011/12, a total of n=1189 evaluations were completed providing a response rate of 73%. Student experience is anonymous and relates to the specific course attended. Student experience of the SWLRC was rated very positively in 2011/12. The vast majority of students either strongly agreed or agreed that:

- They felt more hopeful for the future as a result of the course (**84%**)
- The course helped them to set goals that were reasonable and within reach (**85%**)
- They were able to do the things they wanted to do in life as a result of the course (**75%**)
- The course met their expectations (**95%**)

Students at the College also rated the quality of the trainers very highly. The vast majority of students strongly agreed or agreed that the trainers had delivered the course at the right pace (96%) and the trainers had responded effectively to student questions and their individual needs (97%). The customer service experience of booking onto courses was also experienced very positively with 96% of students finding the booking procedure straightforward. Figures 2-8 show the full student experience rating in each category.

Figure 2: Hopefulness



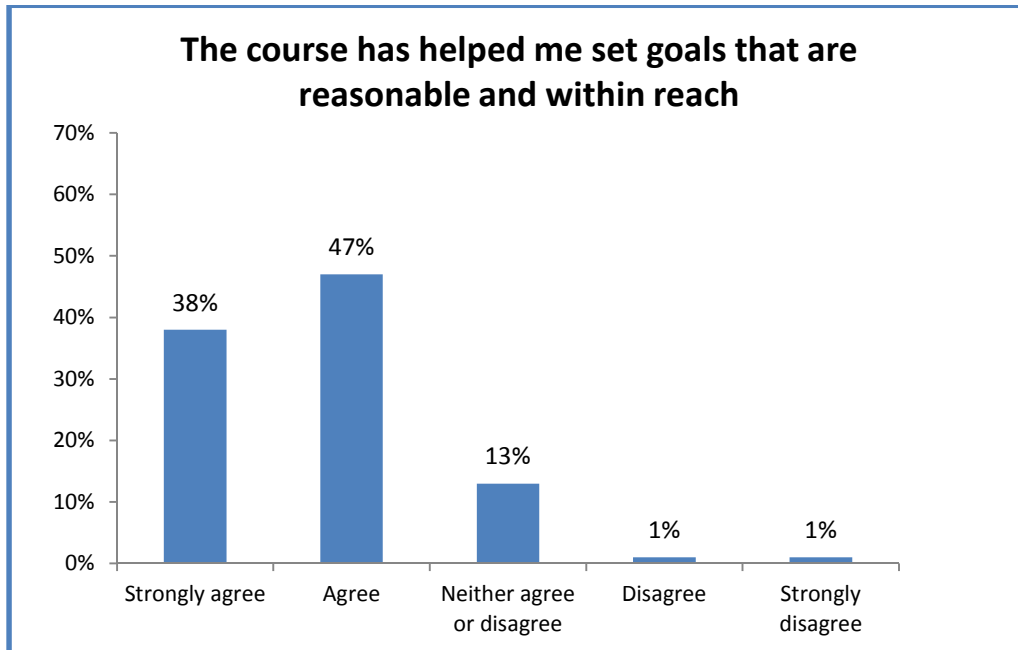
'I am very pleased to have attended the course as it inspired me to live beyond being bipolar and an illness but as a person and individual.'

'Even though my illness has episodes I feel stronger and more able to cope, understand and effectively work through difficulties. Although I feel my illness gets worse, the hope I feel gets better.'

'I really enjoyed listening to people's stories as it was very inspirational for me.'

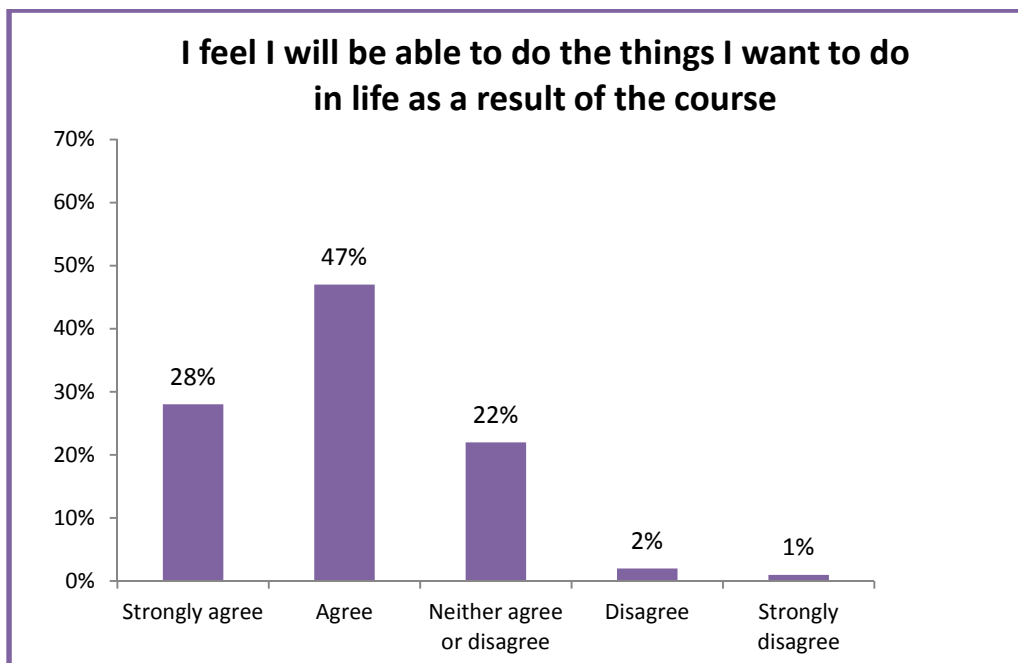
'I feel this course should be mandatory for all new Trust staff. There are never enough powerful values based and forward looking / positive courses to help practitioners to stay focused on optimistic outcomes for everyone no matter what their mental state is.'

Figure 3: Goal setting



'I found the course content easy to understand, useful and a long term life changing approach to goal setting.'

Figure 4: Being able to do the things in life as a result of the course

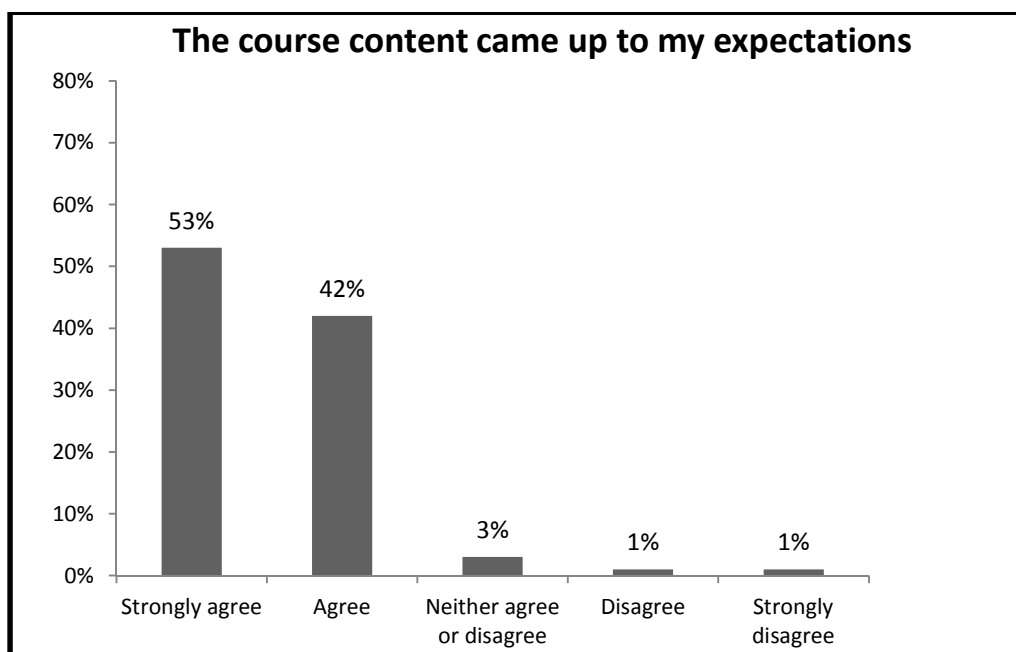


'I really enjoyed the course especially the practical interactive activities, I am using the skills I have learnt – the tutors were excellent'

'I found this one of the best courses I have been on. It has helped me to relax more and sleep better.'

'This was part of what I, as a carer, needed.'

Figure 5: Course content meeting expectations

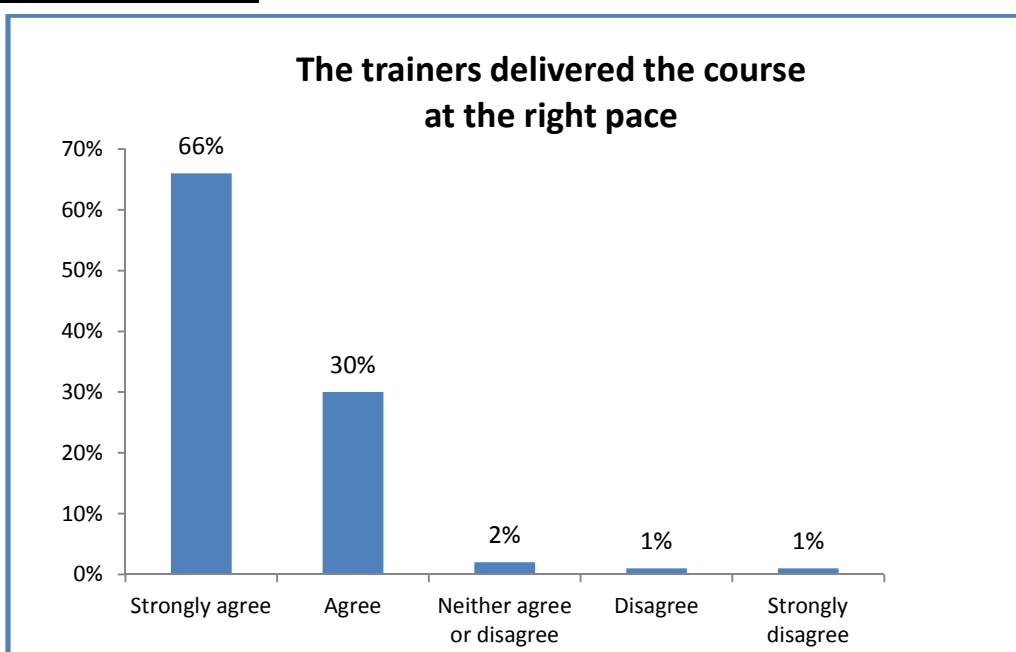


'I am very thankful to the college – more people with schizophrenia should come forward for this course.'

'I have gained so much from attending this course. When I started I was sceptical, but it's got better and better as the weeks have gone on. It's really helped me in everyday life.'

'I thoroughly enjoyed the course. It is very practical and it allows you to practice and feedback on skills learnt.'

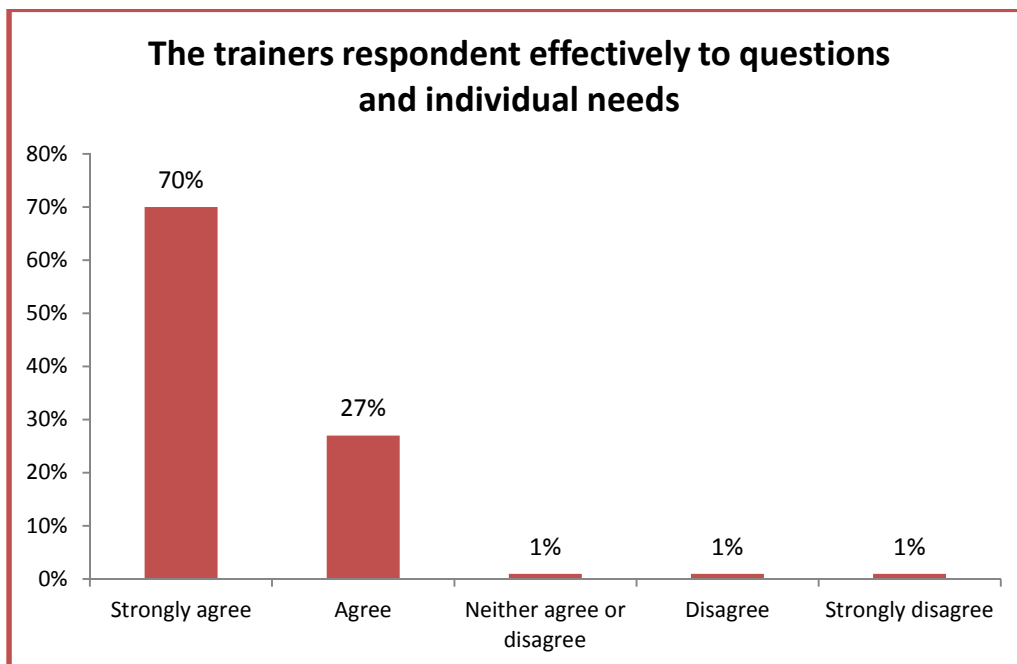
Figure 6: Pace of course



'This was a thought provoking course. It was well paced and interesting.'

'I found the course thoroughly enjoyable and it kept my interest the whole way through.'

Figure 7: Trainers responsiveness to students



'The trainers were sensitive to the needs and thoughts of others. Thank you and continue the good work – felt inspired.'

'It is wonderful to have a trainer with lived experience.'

'The tutors were very helpful and very open to discussion, thank you.'

'Peer tutors are brilliant. Only someone who has gone through it can understand.'

Figure 8: Customer service experience of booking courses

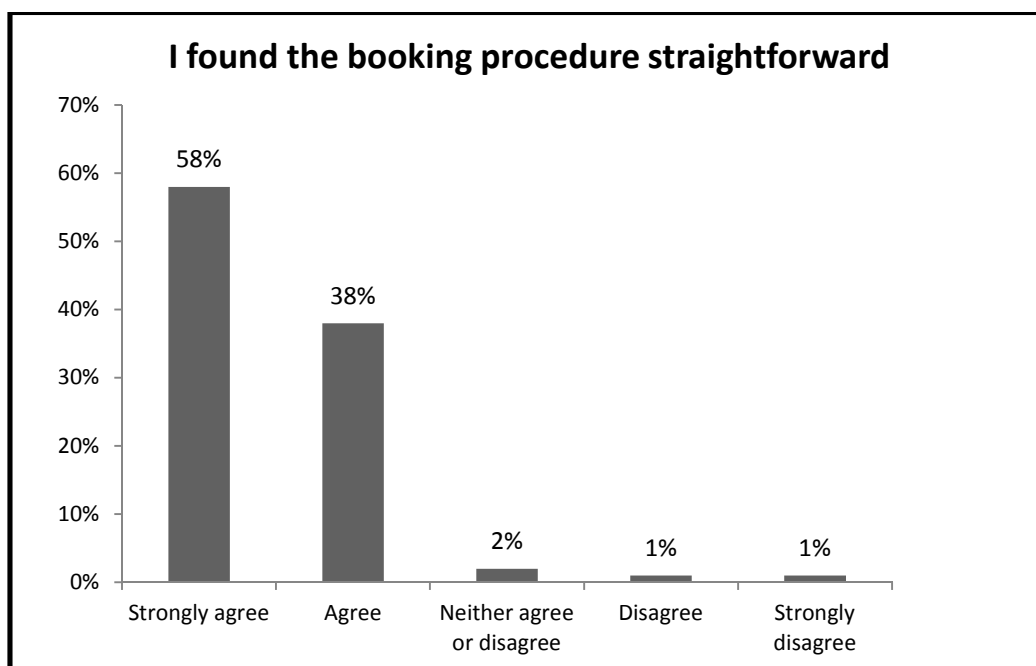


Table 3 provides a breakdown of student experience of the SWLRC by borough.

Table 3: Student experience of the Recovery College by borough

		Strongly Agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
The course content came up to my expectations						
	Wandsworth	54%	42%	3%	1%	0%
	Merton	48%	44%	5%	2%	1%
	Sutton	53%	44%	2%	0%	1%
	Kingston	48%	45%	7%	0%	0%
	Richmond	60%	35%	1%	2%	2%
The course has helped me set goals that are reasonable and within reach						
	Wandsworth	41%	45%	12%	1%	1%
	Merton	42%	46%	9%	2%	1%
	Sutton	34%	55%	10%	1%	0%
	Kingston	25%	45%	28%	1%	1%
	Richmond	42%	46%	8%	3%	1%
I feel more hopeful for the future as a result of the course						
	Wandsworth	41%	43%	14%	1%	1%
	Merton	40%	44%	12%	4%	0%
	Sutton	35%	51%	12%	1%	1%
	Kingston	26%	49%	24%	1%	0%
	Richmond	52%	38%	6%	1%	3%
I feel I will be able to do the things I want to do in life as a result of the course						
	Wandsworth	30%	46%	22%	1%	1%
	Merton	27%	50%	20%	2%	1%
	Sutton	25%	53%	19%	2%	1%
	Kingston	24%	35%	37%	4%	0%
	Richmond	28%	56%	12%	2%	2%
The trainers delivered the course at the right pace						
	Wandsworth	68%	29%	2%	1%	0%
	Merton	60%	34%	4%	1%	1%
	Sutton	64%	33%	1%	0%	2%
	Kingston	61%	32%	3%	3%	1%
	Richmond	65%	27%	5%	1%	2%
The trainers responded effectively to questions and individual needs						
	Wandsworth	73%	25%	1%	0%	1%
	Merton	64%	34%	1%	0%	1%
	Sutton	64%	32%	2%	0%	2%
	Kingston	63%	33%	3%	1%	0%
	Richmond	73%	20%	4%	1%	2%
I found the booking procedure straightforward						
	Wandsworth	62%	34%	3%	1%	0%
	Merton	53%	42%	4%	1%	0%
	Sutton	51%	46%	1%	1%	1%
	Kingston	52%	43%	4%	1%	0%
	Richmond	59%	34%	3%	2%	2%

Whilst overall student experience was rated very positively a one-way ANOVA identified statistically significant effects between boroughs. Applying the Bonferroni post-hoc test,

significant differences were found for *'the course helped me set goals that are reasonable and within reach'* with Kingston having lower student experience in comparison with all the other boroughs - Wandsworth (p = 0.0001), Merton (p = 0.006), Sutton (p = 0.003) and Richmond (p = 0.005). Significant differences were also found for *'I feel more hopeful for the future as a result of the course'* with Kingston having lower student experience in comparison and two other boroughs - Wandsworth (p = 0.009) and Richmond (p = 0.002). Finally, significant differences were found for *'I feel I will be able to do the things I want to do in life as a result of the course'* with Kingston having lower student experience in comparison with Wandsworth (p = 0.009).

Health service utilisation

Administrative data was taken from RIO for all service users who registered and attended courses. Using the dates of the courses as the anchor point, administrative data were collected for occupied bed days and community team contacts at an individual level 6 and 12 months before a course and 6 and 12 months after a course. Home treatment team contacts were included in the community contacts. Paired t-tests were used to test for statistical significance.

Table 4 shows pre and post course usage. At 6 months following a course there had been a reduction in mean community contacts and occupied bed days. There was a significant reduction in the mean community contacts for those students who have attended and completed 70% or more of courses (t=3.217, df=429, p=0.001).

Table 4: Health service usage pre and post attending courses (6 months).

	Pre course	Post course	Difference	P value
Attended courses				
Occupied bed days (n=56)	74.98	71.38	-3.6	P = 0.606
Community contacts (n=513)	24.07	22.80	-1.27	P = 0.192
Completed >70% or more				
Occupied bed days (n=44)	80.93	78.00	-2.93	P = 0.705
Community contacts (n=430)	23.58	20.34	-3.24	P = 0.001

Table 5 shows pre and post course usage. At 12 months there was also a reduction in both mean community contacts and occupied bed days. For those who attended courses there was a significant reduction in mean community contacts (t=2.668, df=172, p=0.008) whilst the reduction in occupied bed days was approaching significance (t=2.039, df=22, p=0.054). In addition, those students who completed 70% or more of courses had greater reductions in health service usage: significant reductions were found in both mean community contacts (t=3.414, df=154, p=0.001) and occupied bed days (t=2.447, df=20, p=0.02).

Table 5: Health service usage pre and post attending courses (12 months).

	Pre course	Post course	Difference	P value
Attended courses				
Occupied bed days (n=23)	99.96	82.17	-17.79	P = 0.054
Community contacts (n=173)	41.32	35.41	-5.91	P = 0.008
Completed >70% or more				
Occupied bed days (n=21)	107.71	85.90	-21.81	P = 0.02
Community contacts (n=155)	42.07	33.62	-8.45	P = 0.001

In 2011/12, a total of 11% (n=117) of students who had attended courses then had their care stepped down from secondary mental health care to primary care.

Conclusion

'I am writing this letter to say thanks to the Recovery College, for helping me back into the university. Being in hospital is tough especially that there is nothing here to stimulate or motivate anybody on the real path to recovery which ultimately should be independence.

This place has benefitted me because I have not fallen into the medication trap as a consequence of frustration and boredom, but instead it gave me the tools to do online studying and research to find myself and to become a productive member of society again, instead of a stereotyped hindrance that needs to be contained.

I personally believe that the Recovery College is an asset to the hospital and a benefit to the patients and should be used as a more engaging tool to help those that need incentives to move on for the future.

The most important thing in life is information and I received all the information I needed from the Recovery College. The course I am accepted on is chemistry, and the Recovery College is just like the course I am studying – there is so much more to learn as long as we have the tools to understand the information we're looking for.'

This annual report has shown that people who used the Recovery College in 2011/12 rate the experience very positively, find the courses beneficial and a helpful experience in their journeys of recovery. The report shows the vast majority of students felt more hopeful for the future as a result of the courses they attended, found the courses had helped them set personal recovery goals that were reasonable and within reach and, found the courses helped them to do the things they wanted to do in life. Students were also very positive about the quality of the courses, the trainers and the administration process for booking onto courses. However, whilst the annual report shows that student experience was very positive it does show that more needs to be done on quality assurance of the courses and the trainers to reduce the variance in student experience across some of our boroughs.

It is encouraging to find that 44% of students had a diagnosis of schizophrenia and 62% of students were from mental health care clusters 10-17 at the time of attending courses. It is also positive to find that the care clusters students were allocated to do not appear to impact on attendance at courses or whether students completed 70% or more of courses. In 2011/12, 71% of service users who registered for courses actually attended courses. Of those, 62% completed 70% or more of the course.

The SWLRC can sometimes only be recognised as the hub at Springfield Hospital and the work in the spokes in the local boroughs can easily be missed. It is good to see that the majority of courses delivered in 2011/12 were in the spokes with only 44% being delivered at the hub.

In 2011/12, student experience has been very positive but the annual report suggests more needs to be done at an organisational level to dovetail the work of the SWLRC and the support provided by care co-ordinators. NICE (2011) identify supporting self-management as a quality statement of service user experience of adult mental health services. Within an earlier evaluation it was encouraging to find that Care Co-ordinators rated self-management as an important process for service users to engage with. However, when specifically asked about service users on their caseloads, Care Co-ordinators considered just over half (54%) were actually capable of engaging in the self-management of their condition (Rinaldi & Suleman, 2012).

The SWLRC provides a practical and positively experienced way of providing self-management education. At an organisational level supporting people to develop and use self-management tools appears to have had a positive impact on service utilisation in 2011/12 for those students who attended and completed 70% or more of courses. Self-management education works best when it is integrated into healthcare systems and where the learning is reinforced by health and social care professionals during regular follow-up (Coulter, 2011). We know that service users are independently seeking information about self-management strategies, medications and treatment options through the internet (Rinaldi & Barrett, 2012) but a greater focus from Care Co-ordinators is needed to help service users engage with the information, recognise their experience of dealing with their health condition and be ready to together review and coproduce alternative strategies (Protheroe et al, 2008; Pulvirenti et al, 2011). At an organisational level the Recovery CQUIN is helping with this: 41.5% of people on CPA across the life course have personal recovery goals as part of their care plans. Service user experience data at the Trust tells us service users are reporting that we are helping them to set personal goals but the data also tells us we need to do more to support them to achieve their goals.

Over the last couple of months the trainers from the Recovery College have been revisiting wards and community teams to talk about the work of the SWLRC and to hear and understand the experiences of staff and teams. This feedback along with the analysis of student feedback from 2011/12 is all being fed into the next stage development plan for the Recovery College.

'When I visited the South West London Recovery College, I heard powerful personal testimonies from people who were living purposeful and fulfilling lives, and who were living with their illness rather than having to be cured of symptoms or illnesses. It is important that recovery is not just seen in medical terms, but is self-defined. Students at the college learn not only how to manage their condition, but skills to help them back to work and to form new relationships. Some become lecturers at the college themselves. I was told that being called a student, rather than a patient, helped people take control of their recovery, gave them more confidence and, crucially, made them feel normal, as opposed to being treated as a helpless, passive recipient of care. Part of a good recovery is the ability to exercise more control over one's life. In health care, that means that there must be more shared decision making and choice. In opening the debate, my hon. Friend the Member for Loughborough mentioned the principle of "no decision about me without me". Undoubtedly, the any qualified provider policy and tariff reform have a part to play in that.'

*Rt Hon Paul Burstow MP
Minister for Care Services
Department of Health*

14th June 2012¹

¹ Hansard HC Mental Health Debate, 14th June 2012, column 527.

References

- Ashcraft, L. & Anthony, W. (2005) Do Your Services Promote Recovery, *Behavioural Healthcare Tomorrow*, 14 (2), 6-21.
- Coulter, A. (2011) *Engaging patients in healthcare*. Maidenhead: Open University Press.
- Department of Health (2011) *No Health Without Mental Health: A Cross-Government Mental Health Outcomes Strategy for People of All Ages*. London: HM Government.
- Department of Health (2012) *No Health without Mental Health: Implementation Framework*. London: HM Government.
- Imison, C., Naylor, C., Goodwin, N. et al (2011) *Transforming our healthcare system: Ten priorities for commissioners*. London: King's Fund.
- NHS London (2011) *Mental health models of care*. London: NHS London.
- NICE (2009) *Schizophrenia: Core Interventions in the Treatment and Management of Schizophrenia in Primary and Secondary Care (update)*. London: National Institute for Health and Clinical Excellence.
- NICE (2006) *The management of bipolar disorder in adults, children and adolescents, in primary and secondary care*. London: National Institute for Health and Clinical Excellence.
- NICE (2011) *Service user experience in adult mental health: improving the experience of care for people using adult NHS mental health services. NICE clinical guideline 136*. Manchester: National Institute for Health and Clinical Excellence.
- Protheroe, J. Rogers, A., Kennedy, AP., et al (2008) Promoting patient engagement with self-management support information: a qualitative meta-synthesis of processes influencing uptake. *Implementation Science*. 3, 44.
- Pulvirenti, M., McMillan, J., Lawn, S. (2011) Empowerment, patient centred care and self-management. *Health Expectations*. Doi:10.1111/j.1369-7625.2011.00757.x.
- Rinaldi, M & Wybourn, S. (2011) *The Recovery College pilot in Merton and Sutton: Longer term individual and service outcomes*. London: South West London & St George's Mental Health NHS Trust.
- Rinaldi, M. & Suleman, M. (2012) *Care Co-ordinators attitudes to self-management and their experiences of the use of the South West London Recovery College*. London: South West London & St George's Mental Health NHS Trust.
- Rinaldi, M. & Barrett, D. (2012) *After all it is the 21st Century: Internet access, health related information and access to medical records on the internet*. London: South West London & St George's Mental Health NHS Trust.
- Sainsbury Centre for Mental Health (2010) *Implementing Recovery. A Framework for Organisational Change*, London: Sainsbury Centre for Mental Health.
- Stiggelbout, A.M., Van der Weijden, T., De Wite, M.P.T., Frosch, D., Legare, F., Montori, V.M., Trevena, L., Elwyn, G. (2012) Shared decision-making: really putting patients at the centre of healthcare. *British Medical Journal*, Jan 27;344:e256. doi: 10.1136/bmj.e256.
- Warner (2009) Recovery from schizophrenia and the recovery model. *Current Opinion in Psychiatry*, 22: 374–380.