

Ontario Shores' Recovery College



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What are the goals of a Recovery College?

- To provide participants with access to learning that complements, but does not replace, clinical treatment for mental illness
- To provide participants with the choice to learn new things and share their knowledge with others
- To enhance connection among participants and a feeling of community
- To enhance personal recovery

Defining features of a Recovery College

- 1) Co-production between people with personal and professional experience of mental health problems
- 2) College has classrooms and a library where people can do their own research and self-guided learning.
- 3) Operates on college principles (3 semesters/year, courses ranging from one day workshops up to 12 week long courses)
- 4) It is inclusive – not based on diagnosis or clinical condition
- 5) There are peers who offer information and guidance about course selection



Defining features of a Recovery College Continued

- 6) It is not a substitute for traditional assessment and treatment
- 7) It is not a substitute for mainstream colleges
- 8) It must reflect recovery principles in all aspects of its culture and operation



Recovery College at Ontario Shores: Course Types

1. Learning about mental health and treatment options
2. Leisure, health and wellness
3. Vocational courses
4. Skills development
5. Self-discovery and identifying strengths

Who can access the Recovery College?

- At present, the Recovery College is available to Ontario Shores' registered inpatients and outpatients who would like to enroll in courses
- Future planning will include exploring opportunities to offer courses to anyone willing and able to access the curriculum
- Ultimately, it will be for everyone – inpatients, outpatients, family, students, staff, and community members



Preliminary Evaluation

- The Recovery College's first semester ended in December, 2016.
- 66 students (62% were outpatient; 38% inpatient and 38% were and 62% female) participated.
- Most students (58%) were between the ages of 25-44.
- On average, students enrolled in five courses (ranged from 2-11)
- Ten students (14.5%) never attended any sessions (drop out rate)
- Average attendance rate was 43%
- 21 courses offered in first semester and increased to 41 in the second semester



Evaluation Continued

Quality

- 72% of the courses in the Fall semester were co-produced or co-delivered with someone with lived experience.
- Results regarding the overall quality of the courses reveal that students 98.1% of students rated the courses as being either good or very good
- 100% (n=60) of the respondents indicated that they would recommend the course.

Knowledge

- Results reveal that on average, student ratings regarding the level of knowledge in the various topics increased 62% (pre and post measures)

Evaluation Continued

Qualitative Quotes Post Participation

- “I learned a lot of things and have made new friends”
- “My confidence has improved”
- “Helped me to like myself better and learn to speak out”
- “Helped me feel motivated and hopeful in taking charge of my life and helping others to do the same”
- “I’m ok with a little help from my peers”
- “I felt supported and like I can give back to my peers”
- “It was fun to engage, chat and share with others in a social setting without pressures or rigid expectations”



Lessons Learned : Staff

- Required more communication and coaching for staff than for patients in regards to buy in.
- Representation from all disciplines and experts with lived experience were involved in planning from the beginning.
- There was a fundamental misunderstanding of differences between clinical recovery and personal recovery.
- Some facilitators reported an increase in job satisfaction. This was not an intended area of study however, this information will lead to more formal investigation on impact on staff moving forward.



Lessons Learned: Students

- Students are enthusiastic about the college
- Identified barriers; parking and transportation costs
- Registration process; decreased steps based on feedback
- Students choosing their courses increased engagement
- Average RC attendance based on available literature is approximately 67%. Our results were lower.
Considerations could be including inpatients as they tend to be more acutely ill.

Lessons Learned: Systems

- There is a greater demand for the Recovery College than our system can accommodate at this time. This affirms the vision for expansion.
- There is limited research literature in regards to Recovery Colleges internationally.
- Difficult to implement recovery initiatives into the Canadian Hospital context; constraints of risk averse systems, policies, etc.

Discussion, Comments, and Questions

