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### Case 15 : Recovery Through Education: An Integrative Approach to Mental Health for the People, by the People

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## CASE 15

### Recovery Through Education: An Integrative Approach to Mental Health for the People, by the People

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#### BACKGROUND

As Janet Brown sips her Monday morning coffee and plans her upcoming meeting, she reflects on how an individual's journey recovering from mental illness varies from person to person, with no journey being alike. Janet contemplates how she could use these ideas to direct the stakeholder meeting and how the various stakeholders at the table might react to what she was going to say.

Janet is the Manager, Program Development at Toronto Hospital, where she is currently looking to expand mental health services for clients and community members to meet the demands of mental health service users. Janet wants to try a new concept for the program that incorporates client participation. She saw the success of recovery colleges in England and noticed these programs were starting to appear in Canada and elsewhere in the world.

Recovery colleges are programs and services cocreated and codeveloped with individuals with lived mental health experience with a focus on community integration and improving well-being. Janet thinks it is also time for her hospital to participate in this initiative for its clients and community. Janet is excited to bring this idea into fruition and to be part of this mental health innovation. She saw the success of the recovery college at Ontario Shores Centre for Mental Health Services in Whitby, Ontario and wants to recreate the initiative to suit the needs of her hospital (Exhibits 1 and 2). Janet reflects on other initiatives developed in Ontario, such as the CANMAT Health Options for Integrated Care and Empowerment in Depression (CHOICE-D) project, which utilized the same ideals of cocreation and engaging individuals who have relevant lived experience to create a consumer treatment guide. The CHOICE-D project was developed by people with this experience to describe the various depression treatment options that are available in Canada (Canadian Biomarker Integration Network in Depression [CAN-BIND], n.d.).

Janet realizes the amount of time, work, and collaboration required for this type of cocreation and coproduction may be overwhelming because she is not familiar with it and she does not have previous experience in the field. She does not have a template or guidelines to follow for developing this program. As Janet finishes her coffee, she takes a deep breath and starts planning her meeting.

#### RECOVERY COLLEGES

Recovery colleges originated in England in 2009, with the first college established at the South West London Recovery College in London (Perkins et al., 2018). As recovery colleges have

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garnered global adoption, there have been increasing variations of the development and implementation of the system, all falling under the generalized definition of a recovery college. Currently, there is no consensus or definitive standard about what constitutes a recovery college, only suggested frameworks on what should be included in the development of a college. The primary focus is to provide a safe space where people with mental illnesses and substance use concerns can be leaders in their own journey to recovery. The curriculum and courses offered are determined by the participants and the needs of the community. The key foundations to creating are cocreation and coproduction. These core concepts allow participants to focus on the recovery aspect of a mental health service, providing people a way to move forward and grow from their mental illness (Perkins et al., 2018). Recovery colleges provide a chance for them to discover more about themselves while exploring new possibilities (Perkins et al., 2018).

The resulting programs and courses mainly focus on increasing community integration and improving the well-being of individuals who have mental health concerns (Exhibits 1 and 2). Family members, community members, and people with relevant lived experience are all involved in deciding which courses to create and develop. Courses can also be taught and co-facilitated by individuals with lived experience (Perkins et al., 2018). Recovery colleges have shifted the focus of mental health recovery from therapy to education-based learning, unifying professional expertise and knowledge from people who have lived experience (Perkins et al., 2018).

Eight components are used to define a recovery college (Perkins et al., 2012):

1. Co-creation and coproduction are incorporated at every level, bringing in the expertise of health care practitioners, individuals with experience, and service users.
2. All programs and courses are delivered from a physical location.
3. The programs and courses operate on college principles; this includes having students select their courses from the course guide, not based on their diagnosis.
4. The courses are inclusive and open to all, and can include family members, staff, community members, and service users.
5. There are personal tutors or peer workers who can help offer information to the students.
6. Recovery colleges are not a substitute for treatment and traditional assessment.
7. Recovery colleges are not a substitute for mainstream colleges.
8. The operations and culture of the recovery college should reflect recovery principles.

There is a growing need for increased and more streamlined primary mental health care in Canada. Psychiatric appointments for mental health concerns are often long and costly for the health care system. Lengthy wait times for clinical and psychiatric care are significant barriers to individuals receiving appropriate mental health care and can result in poorer health outcomes (Loebach & Ayoubzadeh, 2017). According to the Canadian Institute for Health Information, the average wait time for mental health treatment and counselling services is 45 days (Loebach & Ayoubzadeh, 2017). The need for mental health care and treatment is growing, and the current health care system is unable to keep up with the demand. The intended concept of a recovery college is to offer both an upstream and downstream approach to this public health need. As mentioned in the eight features that define recovery colleges, these colleges are not to replace clinical assessments or treatment; however, they can complement an individual's mental health recovery. A 2017 evaluation of United Kingdom recovery college service use outcomes indicated that participants who had mental health concerns and took recovery college courses had an improved quality of life and improved recovery outcomes (Bourne et al., 2018). The

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evaluation also suggested that recovery colleges offer positive benefits for participants and service providers, including a decreased usage of mental health services, fewer days spent in hospital, and fewer hospital admissions (Bourne et al., 2018).

### **COCREATION COMPARED WITH COPRODUCTION**

The terms cocreation and coproduction have been used interchangeably to describe the notion of working with service users or customers to create programs, products, or content. However, both terms are distinct, and have their own meaning, but also have some overlap (Exhibit 3).

Cocreation involves a high level of customer or service user participation in the design of the product or service (Chathoth et al., 2013). There is extensive collaboration so that businesses work with the intended target market to create and customize the final product/service. This process shifts away from the traditional business-centric model of selling to a customer and instead focuses on customer participation and interaction for the development of the product/service (Chathoth et al., 2013). Cocreation is directly tied to consumption and usage, with the value in consumption defined only by the customer/service users (Chathoth et al., 2013). Cocreation organizations do not view their customers or service users just as consumers or users of their product; rather, they are considered partners that the organization can consult and learn from to help create experiences that add value (Chathoth et al., 2013).

Coproduction also involves customers and service user participation but not to the same extent seen with cocreation. With coproduction, customer and service user opinions are also considered, but in a more passive way. Customers are portrayed as a resource rather than as a partner (Chathoth et al., 2013). The development of the product or service is still company centric and based on the organization's own needs and abilities (Chathoth et al., 2013). The opinions and insights from customers and service users are heard but not always considered or used (Chathoth et al., 2013).

### **THE CANMAT HEALTH OPTIONS FOR INTEGRATED CARE AND EMPOWERMENT IN DEPRESSION PROJECT**

The CHOICE-D project is another initiative that has successfully utilized the principle of cocreation to develop programs in collaboration with clinical experts, stakeholders, and people who have applicable lived experience. The CHOICE-D project was developed for consumers so they have a guide to the various treatment options available for depression in Canada (CAN-BIND, n.d.). The project was created as a partnership between the Canadian Network for Mood and Anxiety Treatment (CANMAT), the Mood Disorders Association of Ontario, and the CAN-BIND (CAN-BIND, n.d.). The main leaders of this project were CANMAT and the Mood Disorders Association of Ontario, along with a team of people who have lived experience with depression (CAN-BIND, n.d.).

The guide was written by people who have depression for other people who experience depression. These individuals include patients and clients, caregivers, and support workers (CAN-BIND, n.d.). By engaging individuals with lived experience, the goal of the guide is to create a product that is relevant for the people who need it the most (CAN-BIND, n.d.). The information in the guide was developed by using evidence-based information based on CANMAT's 2016 updated clinical guidelines on the management of adults with major depressive disorder (CAN-BIND, n.d.). A plain text version of this clinical guideline was then created to ensure it was easy to understand for a wider audience (CAN-BIND, n.d.). This educational tool was developed to allow consumers to take a more active role in their own care through engaging in shared decision-making with their health care provider (CAN-BIND, n.d.).

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### SPECIFIC AREA OF INTEREST

Janet realizes the need for a recovery college in her hospital and in her community. She is aware of the extensive waitlists for people just trying to see a psychiatrist, let alone the waitlist for people trying to access treatment and ongoing care. Other mental health programs do exist; however, the waitlists for these programs are normally quite long as well, making it difficult for patients to access them. Janet appreciates how recovery colleges are cocreated and allow clients to participate in, and take charge of, their own recovery.

As Janet researches more about recovery colleges, and how these programs could greatly benefit her hospital's mental health unit, new concerns also enter her mind. She understands that finding stakeholders, including local organizations, hospital members, community members, clients, and people with lived experiences, will be a huge feat, and perhaps an even greater feat will be getting these stakeholders to agree to work together. As Janet starts reaching out to organizations and planning her initial meeting, a few questions stick with her:

- How many stakeholders should be included in the planning? Janet knows the importance of being thorough with stakeholder engagement, but how many stakeholders are considered too many?
- How can she ensure all the stakeholders involved are participating for the right reasons? Various organizations and community members will have varying agendas. How can she ensure agendas will align and that everyone can agree on the overarching goal?
- How can clients and people with lived experiences be heard? How can Janet ensure the people with the most important contributions will be taken seriously and not feel intimidated?

Janet also realizes the regulations and evaluations surrounding recovery colleges are lacking. How can she develop and implement a program when there are no standard guidelines or regulatory bodies to ensure proper programming development? Janet must research how she can best access the tools for creating a community recovery college but keep it hospital based. She is aware that new recovery colleges are being developed that do not embrace the intended concept of a recovery college yet still use the term in order to participate in this new mental health recovery trend. Janet must ensure her program will be developed and created properly with no ties to these illegitimate recovery colleges.

As of 2019, there were eight recovery colleges operating in Canada. Two of these programs are hospital based, whereas the other six operate through a national mental health nonprofit organization<sup>1</sup>. Many more recovery colleges are being planned throughout Canada. Aside from the six recovery colleges created under the national mental health organization, there is little consultation among organizations for developing these colleges. The lack of consistency and

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<sup>1</sup>One of Canada's hospital-funded recovery colleges is at Ontario Shores Centre for Mental Health Services in Whitby, Ontario, and the other hospital-based recovery college is at St. Michael's Hospital in Toronto, Ontario. The remaining recovery colleges across Canada operate through the Canadian Mental Health Association. CMHA (it is not called the centre, as the centre normally refers to CAMH, which is a hospital, while CMHA is a national nonprofit org) s planning to open more recovery colleges in various provinces. Quebec also has one francophone recovery college in Montreal that operate through Centre national d'excellence en santé mentale.

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siloes approach to the development of these programs is due to the absence of a governing body to regulate and direct what is expected of a recovery college. The abundance of recovery colleges emerging throughout Canada and the rest of the world, including those in Australia, Italy, Uganda, Singapore, and Poland (Perkins et al., 2018), has made it even more difficult to track and regulate new recovery college programs. These new recovery colleges have expanded so quickly that they are being created into something very different from their original purpose.

Janet notes that cocreation has not only been utilized successfully in recovery colleges but that it has also been applied successfully in the CHOICE-D project. She notices the guidelines for creating the CHOICE-D project are similar to those used for developing recovery colleges. The significance of cocreation, lived experience, and stakeholder engagement are all acknowledged important aspects of developing the CHOICE-D guide. This development makes her feel hopeful about moving forward with her plans, knowing collaboration and shared expertise can strengthen program development.

### **SPECIFIC PROBLEM OF DECISION**

Janet needs to create a game plan before her meeting to ensure all stakeholders at the table feel comfortable and heard. She must ensure she follows a strict agenda that allows all stakeholders to speak. These important factors will determine stakeholder dynamics and help shape the meeting environment. Some other thoughts come to Janet's mind about this stakeholder meeting. Should she lead the engagement meetings because she is the one who wants to develop the program? Or should the clients and people with lived experience helping to cocreate the program lead the meeting?

How can she develop and create a program that follows guidelines and offers courses that are insightful and cover the required competencies? Because recovery colleges are now being used as a brand to attract clients and patients, Janet must be vigilant about cocreation and about developing a program that aligns with the context and intentions outlined in the eight-point framework for these colleges.

Janet will also have to engage all stakeholders to understand the difference between cocreation and coproduction. With so many stakeholders involved, the meetings could easily become a coproduction environment because the main service providers and funders might want a greater say in program development to meet their own organizational goals. Who can she rely on for the development of this program?

As Janet vigorously jots down all her thoughts and questions, she knows she will have to use a needs assessment and stakeholder engagement matrix to understand all stakeholder roles in terms of this meeting and the development of the recovery college. She tries to narrow the stakeholder list to a select few to start the stakeholder engagement matrix, but she is still at a loss as to who she should approach initially.

### **CONCLUSION**

To move forward with any needs assessment planning or stakeholder engagement, community research should be the first step. Janet should conduct research with hospital clients and community members to ensure she obtains reliable information about their needs and what they want to see in a recovery college. This information will be important for moving forward and understanding what is needed for developing a program that can complement a variety of treatment plans. The completion of a stakeholder engagement is crucial to understand key

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players and how the stakeholders interact with each other. This information is beneficial prior to moving forward with stakeholder analysis. The importance of cocreation and listening to all voices at every level is crucial. Program development cannot be rushed and it must be carefully thought out from all sides. Ongoing evaluations will also ensure the effectiveness, improvement, and successful development of the programs, and these evaluations should be conducted as part of this development. All stakeholders, partners, and collaborators involved should understand the main focus of a recovery college. This focus is to cocreate and coproduce courses and a curriculum that allows clients, patients, and community members to improve their own well-being through education and self-discovery, ultimately increasing community integration, autonomy, and better recovery outcomes.

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## EXHIBIT 1

### Sample six-session course offered at the Ontario Shores Centre for Mental Health Sciences Recovery College (Fall 2019)

Recovery College: Course Guide

Fall 2019 Courses

#### De-Stress Kits

**Facilitator(s):**

Julie Murray,  
Recreation Therapist

**Course Type:**

Self-Discovery and  
Identifying Strengths

**Start / End Date:**

October 22, 2019 -  
November 26, 2019

**Start / End Time:**

2:00 PM - 3:30 PM

**Number of Sessions:**

6

**What will we do?**

In times of distress we need something we can reach for to help us feel at ease. Within this group we will take a look at various techniques that help calm our life's daily stressors and put them together in an individualized compact tool kit ready to take on the go. Each week a new de-stress technique will be introduced through discussion and creative construction of each tool.

Weekly breakdown of this course as is follow:

- Week 1: Creating your own tool kit bag
- Week 2: Positive affirmation stones
- Week 3: TIP skill hot & cold Sensory Bean Bags
- Week 4: Individualized de-stress cards
- Week 5: Stress balls/slime
- Week 6: Share your own de-stress technique

**What will you learn?**

- Participants will explore a variety of techniques used to assist in de-stressing
- Participants will have the opportunity to socialize with others who share skills they have learned
- Participants will engage their creativity while creating their individualized tool kits
- To help enhance self-esteem and self-worth

**Location:**

Recovery College Group Room, Building 3, Level 1

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Source: Ontario Shores Centre for Mental Health Sciences, 2019.

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## EXHIBIT 2

### Sample courses offered at Ontario Shores Centre for Mental Health Sciences Recovery College (Fall 2019)

Recovery College: Course Guide

Fall 2019 Courses

#### Everything Pumpkin Spice- Fall Center Piece

**Facilitator(s):**

Amanda O'Keefe,  
Recreation Therapist

**Course Type:**

Leisure, Health and  
Wellness

**Date:**

October 30, 2019

**Start / End Time:**

10:00 AM - 11:30 AM

**Number of Sessions:**

1

**What will we do?**

If fall is your favourite season, then this workshop is right for you!

Fall is such a beautiful time of year. All the colours and leaves changing outside really puts creativity into perspective.

During this one hour and thirty minute workshop you will have the opportunity to create a fall center piece. We will provide a variety of materials which will encompass all the colours and beauty of the fall season.

To help inspire ideas, references and examples will be provided. Light refreshments will be provided.

**What will you learn?**

Socialization, creativity, foster an appreciation for nature

**Location:**

Drop-in Center, Canteen, Building 1, Level 1

#### Uncharted territory: Navigating the Return to Work Road

**Facilitator(s):**

Nicole Meens Miller,  
Vocational Instructor

Lori Lane-Murphy

**Course Type:**

Self-Discovery and  
Identifying Strengths

**Start / End Date:**

September 11, 2019 -  
October 16, 2019

**Start / End Time:**

11:00 AM - 12:00 PM

**Number of Sessions:**

6

**What will we do?**

To fill the gap between treatment and an actual return to the work world.

**What will you learn?**

- Brainstorming for passion
- Setting short and long term goals
- Organizing those goals into tasks
- Getting and remaining focussed (which can be tricky while managing a chronic illness - suggestions on how to deal with that reality)

**Location:**

Recovery College Group Room, Building 3, Level 1

Source: Ontario Shores Centre for Mental Health Sciences, 2019.

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## EXHIBIT 3

### Coproductioin versus cocreation: a process-based continuum in the hotel service context (2013)

Comparing co-production with co-creation.

	Co-production	Co-creation
(1) Value creation	Extraction of economic value Quality products and services	Creation of unique personalized experiences
(2) Customers' role	Passive (rely on the physical environment provided) Perceived as a resource	Active (provide input to service provider before, during, and after the service) Information provider Value creator
(3) Customers' participation	Mainly at the end of the value chain	Repeated interactions and transactions across multiple channels Serves as an operant resource
Customers' expectations	Suit their needs to what is available	Co-create products and services with customers
Key actors	Managers and employees	Customers, managers and employees
(4) Focus	Production and company centric	Customer and experience centric Engaging customers High level of information processing
(5) Innovation	Led by the firm	Co-innovate and co-design with customers Learning from customers (opinion leaders and trendsetters) and the process
(6) Communication	Listening to customers Less transparent	Ongoing dialogue with customers Open and transparent communication

Source: Chathoth et al., 2013.

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## INSTRUCTOR GUIDANCE

### Recovery Through Education: An Integrative Approach to Mental Health for the People, by the People

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#### BACKGROUND

Recovery colleges are cocreated and codeveloped programs and services that mainly focus on increasing community integration and improving the well-being of people who have mental health concerns. Recovery colleges originated in England in 2009, with the first college established at the South West London Recovery College in London. Currently, there is no general consensus about what constitutes a recovery college. The primary focus of a recovery college is to provide a safe space where people who have mental illnesses and/or problematic substance use can lead their own journey to recovery.

Eight components are used to define a recovery college (Perkins et al., 2012):

1. cocreation and codelivery with health care practitioners and service users at every level
2. delivery of programming from a physical location
3. operating the program using college principles of having students select their own courses
4. inclusive programs for all
5. personal tutors available to assist by offering information
6. not considered a substitute for treatment and traditional assessment
7. not considered a substitute for mainstream colleges
8. operations and culture of the college reflect recovery principles

Because the efficacy, literature, research, and evaluation around recovery colleges are still considerably new, there are several unknowns when it comes to creating these colleges. There are no standardized regulations or guidelines for developing such programs, which can lead to the creation of colleges that may not be suitable and programs that may have inconsistencies and gaps. The new recovery colleges emerging worldwide have expanded so quickly that many are no longer created for their initial intent and instead are being transformed into something that is very different from the original framework for mental health recovery.

This case highlights the importance of stakeholder and community engagement and collaboration in a cocreation context and will examine the positive and negative outcomes that can arise from such collaboration. The case has readers explore stakeholder and community engagement and collaboration for recovery college development by using Social-Ecological theory and cocreation theory, and by determining how these theories can shape various approaches to community and stakeholder engagement and collaboration.

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### **OBJECTIVES**

1. Identify, list, and prioritize the stakeholders involved in the planning and creation of a recovery college as contributors, influencers, or beneficiaries. Be able to create a needs assessment and a stakeholder matrix (determine the most appropriate—e.g., power interest matrix, stakeholder analysis matrix, or stakeholder assessment matrix).
2. Recognize, understand, and apply a toolkit and collaboration and stakeholder engagement concepts for creating recovery colleges.
3. Identify and understand how lived experience frameworks and cocreation compared with coproduction frameworks can assist with stakeholder engagement and program development.
4. Understand how social cognitive theory can tie into lived experience and cocreation frameworks.
5. Identify power dynamics and hierarchies of engagement for all stakeholders.
6. Explore and recommend various action plans and resolutions for stakeholder engagement.

### **DISCUSSION QUESTIONS**

1. Who are the stakeholders in this case?
2. How can stakeholder engagement mitigate conflict between various stakeholders and differing organizational agendas?
3. How can an organization collaborate with various stakeholders for recovery college development through cocreation? Who will be leading and guiding the meetings?
4. Identify and describe the hierarchy of engagement with stakeholders. What are the power dynamics?
5. What strategies can be utilized for effective engagement and development of programming?

### **KEYWORDS**

Cocreation; coproduction; collaboration; lived experience; mental health, mental health recovery; needs assessment; public health leadership; recovery college; social ecological theory; stakeholder engagement