



# Western Australia Recovery College Draft Model of Service

## Consultation and Engagement Process Report

Phase One

April 2018 to June 2018

Confidential Draft

## Background

The Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025 (the Plan) outlines the optimal mix and level of both mental health, and AOD services required to meet the needs of Western Australians. It also aims to address co-occurring mental health and alcohol and other drug (AOD) problems. The Plan has identified the need to develop and expand local recovery services that offer assistance and support to individuals to maintain personal recovery and live well in the community.

Recovery Colleges complement existing mental health and AOD support services by enabling self-directed recovery and mental health and AOD learning opportunities in a safe and welcoming place. Generally, Recovery Colleges aim to support individual recovery through creating an education platform, and reducing stigma relating to mental health and AOD problems.

Recovery Colleges use inclusive educational approaches in a safe and welcoming environment to support personal recovery relating to mental health and AOD issues. Recovery Colleges currently exist all over the world and have proven to be an effective way to keep people out of hospital as they grow to understand how to achieve their own wellness, providing pathways towards future opportunities.

In a Recovery College people with lived experience, carers, family members, those who work in the mental health and the AOD sectors, and interested community members come together to develop skills, and share knowledge and experiences in relation to health and wellbeing.

In the 2017-18 Budget, the State Government provided the Mental Health Commission (MHC) with \$200,000 in funding to develop a comprehensive, evidence-informed model of service for Western Australia, and business case that meets the requirements of the Budget process for Government consideration.

Through an open Expression of Interest (EOI) process conducted between December 2017 and March 2018, the Western Australian Recovery College Expert Panel (Expert Panel) was appointed to oversee the co-design of the draft model of service in conjunction with the MHC.

Given the methodology for co-design is underpinned by principles of early engagement, inclusivity, transparency, shared power and equity of knowledge and responsibility, the Expert Panel endorsed how community and stakeholder engagement was to occur. The input from the community consultations assisted in informing the Expert Panel in developing a draft Model of Service for Western Australia.

## Purpose of this document

This report provides an overview of the consultation processes that the MHC and the Expert Panel has undertaken for the development of the draft Model of Service for a Recovery College. This report covers Phase One of the consultation (consultation), which took place from April 2018 to June 2018. There may be a second phase of the consultation, should funding be secured to establish a Recovery College.

The MHC and the Expert Panel acknowledges all stakeholders, including consumers, families and carers, those that work in mental health and AOD services as well as the wider community for their contribution and time spent providing advice and feedback in the development of a draft Model of Service. This report does not attempt to detail all feedback provided during the consultation processes, but aims to briefly highlight key themes raised by stakeholders.

**The content of this report includes an overview of the topics raised during the consultation process. The views and opinions expressed in this report are those of the consultation participants and do not necessarily reflect the MHC's policies and practices.**

## Methodology

Consultation commenced in April 2018 and concluded in June 2018, and was guided by the Expert Panel. Methods applied throughout this process included: information sessions, phone line, online survey, written submissions, and community workshops. These were designed to meet the MHC objectives to support consumers, families and carers, communities and other key stakeholders to actively participate in the co-design of the draft Model of Service. The MHC and the Expert Panel aimed to ensure both metropolitan and regional stakeholders were engaged in the process.

## Objectives

The objectives of the consultation process included:

1. Provide information to key stakeholders with regard to the intent and relevance of Recovery Colleges for Western Australia.
2. Provide an opportunity for key stakeholders to provide advice towards the underpinning principles for the draft Model of Service in Western Australia.
3. Provide an opportunity for key stakeholders to provide advice in relation to key elements and consideration for the development of a model of service for a Recovery College for Western Australia.

The aim was to explore key elements of a Western Australian Recovery College draft Model of Service. The input from the consultation assisted the Expert Panel in developing the draft Model of Service for Recovery Colleges in Western Australia.

# Overview of consultation and engagement methods

The MHC has coordinated an extensive consultation process with a range of key stakeholders. The consultation processes are outlined below.

## Information sessions

On 10 and 11 April 2018 the MHC convened four information sessions on Recovery Colleges, presented by Ms Jane Rennison, an international expert and Senior Consultant for Implementing Recovery through Organisational Change. The sessions provided information about the general purpose and role of Recovery Colleges and about the planned process of co-designing the new model for Western Australia. Approximately 80 people attended the sessions.

Further information on the sessions, including videos and PowerPoint presentations are available at the MHC's website, [www.mhc.wa.gov.au/recoverycolleges](http://www.mhc.wa.gov.au/recoverycolleges).

## Phone line, online survey and written submissions

Throughout the consultation period held from 4 to 25 June 2018, there was an online survey which received 83 responses, one written submission was received, and one phone message was received.

## Workshops

The MHC and the Expert Panel sought Expressions of Interest through a grants process to conduct stakeholder and community consultation workshops. A total of 15 non-government organisations (Appendix A) facilitated a number of workshops across Western Australia including metropolitan, regional and remote areas, with feedback received from 674 individuals.

Across the online surveys and the workshops facilitated by the non-government organisations, consultation occurred with more than 346 who identified as individuals with a lived experience of mental health and/or AOD issues, 171 who identified as support persons (such as family, partner, carer, friend or significant other), 154 as community members, 192 as mental health and/or AOD workers, 61 as individuals working in another sector, and 45 as other individuals.<sup>1</sup>

---

<sup>1</sup> Note some individuals may have identified themselves in more than one category.

# Key issues and highlights from the consultations

## Overall views

Through the various consultation processes, significant input was received from a range of individual and organisational respondents regarding the development of a draft Model of Service. A summary of the overall key themes and challenges raised by respondents as part of the consultation are outlined below.

Key feedback provided outlined that the Recovery College should:

- have an emphasis that the development of the Model of Service and the courses must be co-designed;
- include rural and regional locations in Western Australia;
- be accessible;
- have flexible course delivery;
- offer courses that are co-facilitated by experts with a lived experience, not only 'professionals' that work in the area of mental health and AOD;
- be integrated with other services in the community;
- ensure consumer representation at a governance level;
- be aligned with international best practice in Recovery Colleges; and
- evaluate and monitor the effectiveness of the program and courses including the impact on individuals and community.

Overall the consultation identified that the draft aim and principles were generally identified as appropriate, though the language used was very 'service-centric'. There was an emphasis on rights and responsibility, the specific inclusion of rural and regional locations in Western Australia, and international best practice in the Recovery College space rather than work experience focused. The majority of participants who participated in the consultation processes, were concerned less with the principles and more with the realisation and adherence to the principles in practice.

Of those who responded via the online survey 66.13% identified as likely to attend a Recovery College, 22.58% were unsure, 9.68% were unlikely, and a further 1.61% would not attend.

Feedback was sought on what factors would support people in attending a course at a Recovery College. Support options currently offered at other Recovery Colleges include having a mentor and/or peer worker and providing individual learning plans<sup>2</sup> (ILPs). The majority of respondents considered the suggested support options above as all relatively important including ILPs (64% of respondents), peer workers on site (59% of respondents) and having a mentor (54% of respondents).

---

<sup>2</sup> ILPs are plans created with a tutor or peer learning support worker at the Recovery College to help students identify specific learning goals for the term. The development of ILPs also represents an opportunity to learn more about which courses will meet a student's needs and to discuss any learning needs they may have.

## Draft Aim Suggestions

The draft Aim was provided for consideration as part of the consultation process. Overall, broad feedback on the structure of the Aim was that it was lengthy. It was suggested that restructuring the draft aim would reduce the length and provide better flow and emphasis in meaning, specifically including reference to people who are most in need and vulnerable.

Participants in the consultation indicated largely they felt the draft Aim was positive, clear that the Recovery College would be accessible to anyone, and commended the use of being 'safe and welcoming' and the inclusion of family.

## Draft Principles Suggestions

The draft Principles were provided for consideration as part of the consultation process. The general feedback from the workshops indicated that the participants indicated that the draft Principles were appropriate, however feedback given was that the language was very 'service-centric'.

Ninety-two per cent of respondents of the online survey felt the draft Principles were appropriate, and this was also largely supported through the workshop consultations.

## Accessibility

Cost, opening hours, location and access to public transport were the four factors deemed most important by respondents to the online survey.

Key themes that may impact accessibility of the Recovery College as determined through all forms of the consultation include:

- **After hours operation** is important (including evenings and weekends).
- **Location including rural and remote** place-based provision is important. A key concept raised through the consultation process was that innovation will be essential to allow rural people to utilise services, and that small rural communities must play a big role in the delivery of Recovery Colleges. Specific suggestions to support access included a community bus service, the development of pop-up facilities, easily accessible information about courses, online services such as video conferencing, live chat, virtual access to workshops, phone, and video online to allow self-paced learning, and additional support including online chat, tutors and community elders.
- **Small class sizes** were generally supported ranging from eight to a maximum of 20, dependent on the course content/outcomes.
- **Various course lengths were supported** of one and a half hours to four hours delivered via flexible course and semester lengths with afterhours options. Consideration that the courses are not too lengthy, and that they have flexible options with the ability to undertake courses in stages was a key finding.
- A **sense of belonging** is integral, and that yarning sessions may play a part in improving access for Aboriginal people to Recovery Colleges.

- **Low cost participation** is a requirement as cost was seen as something potentially prohibitive noting that a small fee encourages attendance and flexible cost should be considered. A number of participants also emphasised a preference for free (or covered by Medicare / Centrelink) attendance.
- **Connection to external employment pathways** and internal employment opportunities is important.
- **Independent learning plans** were identified as critically important in supporting attendance at a Recovery College and providing flexibility and responsiveness to student needs.

## Potential Courses and Recognition

### Potential Courses

A list of potential courses were provided in the online survey to determine areas of interest. Respondents indicated that Mental Wellbeing and Coping Skills courses as the two areas of highest interest. Followed by recreation and lifestyle journey courses, and alternative frameworks to understanding mental health. The themes presented through the summary (Appendix B) of additional courses by workshop and online consultation, related to mental health and wellbeing, physical health and nutrition, system navigation and understanding of mental health/AOD issues, peer and advocacy courses, relationships and communication, and cultural competency.

### Workforce

Feedback provided through the consultation processes identified a number of potential staffing roles that may contribute to the effectiveness of the Recovery College. Key workforce roles identified include:

- Cultural advisors/experts and the employment of Indigenous people;
- Financial counsellors;
- Support workers – including advocates, social workers, crisis support workers and non-gender specific (LGBTIQATT) specific support workers;
- Chaplain/spiritual counsellors/leaders;
- Medical staff – including doctors/specialists and street doctors;
- Street lawyers;
- Policy development officers; and
- Other - kitchen/café workers and security guards.

### Informal and Formal Course Recognition

Acknowledgement and encouragement of the achievement and participation of individuals was viewed as being central for encouraging repeat attendance. Practical suggestions included receiving a certificate, qualification or credits that could be utilised in other courses and institutions as an influencing factor. The consultation process identified that Certificate level courses are supported to improve employability, and furthermore that accreditation of the training to provide confidence

to students and credibility to those who may provide funding. The ability of Alumni to return as future mentors, and additionally that extra-curricular activities akin to those offered at university would add further value to the Recovery College.

## Governance

Key governance aspects raised through the consultation process included the need to: retain local autonomy; to have consumer representation; for advisory committees; and that multi-management occurs inclusive of consumers and carers. Additionally the Recovery College should be aligned with international best practice and include comparisons of effectiveness and benchmarking. Key governance suggestions also included:

- A **Board of Management** with a diverse membership including at least 50% representation of individuals with a lived experience, students, representatives from other Recovery Colleges, government representatives, an external financial representative and individuals with a diverse range of skills/professional backgrounds.
- An **Advisory Committee/ Student Body** inclusive of at least 50% representation of individuals with a lived experience, Culturally and Linguistically Diverse representatives, carers, other diverse groups, and an external financial representative.

## Other

### Recovery College Naming Convention

Differing views were presented across consultations on the use of the word 'recovery' and the use of the word 'college' due to existing connotations of each word. Participants suggested several names instead of 'Recovery College' including a 'Wellness College', 'Recovery Learning Environment', 'College for the Future', and 'Living Well College'. The view among participants was that the term 'recovery' is associated with mental health and AOD use issues, and may have a negative connotation in the community.

### Service Integration

It was recognised that the Recovery College might attract people who may otherwise not attend mental health services, and thus be a pathway to engaging with services. It was highlighted that it is important to distinguish the Recovery College from current options available, and promotion should occur through community and university radio stations.

## Consultation - Phase Two

Should funding be provided to establish a Recovery College, there may be a second phase of the consultation process.

Please visit the MHC website at: [www.mhc.wa.gov.au/recoverycolleges](http://www.mhc.wa.gov.au/recoverycolleges) for further information.

Confidential Draft

## Appendix A: List of Respondents

The following is a list of organisations that provided a submission on the draft Model of Service after facilitating community workshops. Also outlined are the members of the Expert Panel.

| Organisations that Facilitated Workshops   | Expert Panel Members  |
|--|---|
| <ul style="list-style-type: none"> <li>▪ WANADA</li> <li>▪ Consumers of Mental Health WA</li> <li>▪ HelpingMinds</li> <li>▪ Edith Cowan University</li> <li>▪ Eimear Quigley</li> <li>▪ Women’s Health and Family Services</li> <li>▪ Outcare</li> <li>▪ Access Housing</li> <li>▪ Cyrenian House (through Mental Health Matters 2)</li> <li>▪ The Salvation Army</li> <li>▪ Connect Groups</li> <li>▪ Wungening Aboriginal Corporation</li> <li>▪ Pingelly Community Resource Centre Inc.</li> <li>▪ Breakaway Aboriginal Corporation</li> <li>▪ Clubs WA</li> <li>▪ Signal to Noise</li> </ul> | <ul style="list-style-type: none"> <li>▪ Mr Joe Calleja (Co-Chairperson)</li> <li>▪ Ms Tandi Kuwana (Co-Chairperson)</li> <li>▪ Ms Juanita Koeijers</li> <li>▪ Ms Phoebe Kingston</li> <li>▪ Ms Kerri Boase-Jelinek</li> <li>▪ Dr Amit Banerjee</li> <li>▪ Mr Glenn Pearson</li> <li>▪ Ms Sharon Taylor</li> <li>▪ Mr Ron Deng</li> <li>▪ Ms Caroline Henson</li> </ul> |

# Appendix B: Additional Course Suggestions Summary

Common additional courses suggested by survey and workshop participants were focused on:

## Health and Mental Health

- Emotional intelligence and wellbeing, monitoring feelings, dealing with loneliness (particularly in remote areas)
- Coping skills courses (harm minimisation/emotional regulation), trauma, psychosis intervention and recovery
- Health and fitness, nutrition (gut health, healthy eating)
- Navigating the mental health system, self-advocacy and empowerment
- Addressing stigma and discrimination, sexuality and gender identification
- Wellbeing, relaxation techniques and meditation, mindfulness and breathing, physical therapies, yoga (often not available to all due to cost)
- Impact of migration on mental health, differing cultural views and treatment of mental health

## Relationships

- Relationship and communication courses (including forming relationships and rebuilding relationships with family and children)
- Parenting
- Social isolation (socialising with others)
- Social Responsibility.

## Other

- Navigating the system
- Carer and family courses
- Advocacy, system change and professional development
- Trauma focused / informed courses
- Art / creative / outdoors based courses
- Peer training courses
- Understanding medications
- Cultural competence
- Building resilience and self-worth
- AOD courses