

Building resilience for mental health recovery: a Recovery College collaboration.

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What is resilience?



What is resilience?

“... a class of phenomena characterised by good outcomes in spite of serious threats to adaptation or development.”

(Masten 2001)

“Resilience is an emergent property of a hierarchically organized set of protective systems that cumulatively buffer the effects of adversity and can therefore rarely, if ever, be regarded as an intrinsic property of individuals.” (Roisman et al. 2002: 1216)

What are recovery colleges?



- First 2010 Now 32+ in England
- Co-production and co-facilitation
 - Lived experience, practitioner (and in our case academic).
- Education (not therapy) approach
- Strengths-based. Recovery values.
- Inclusive and community focused

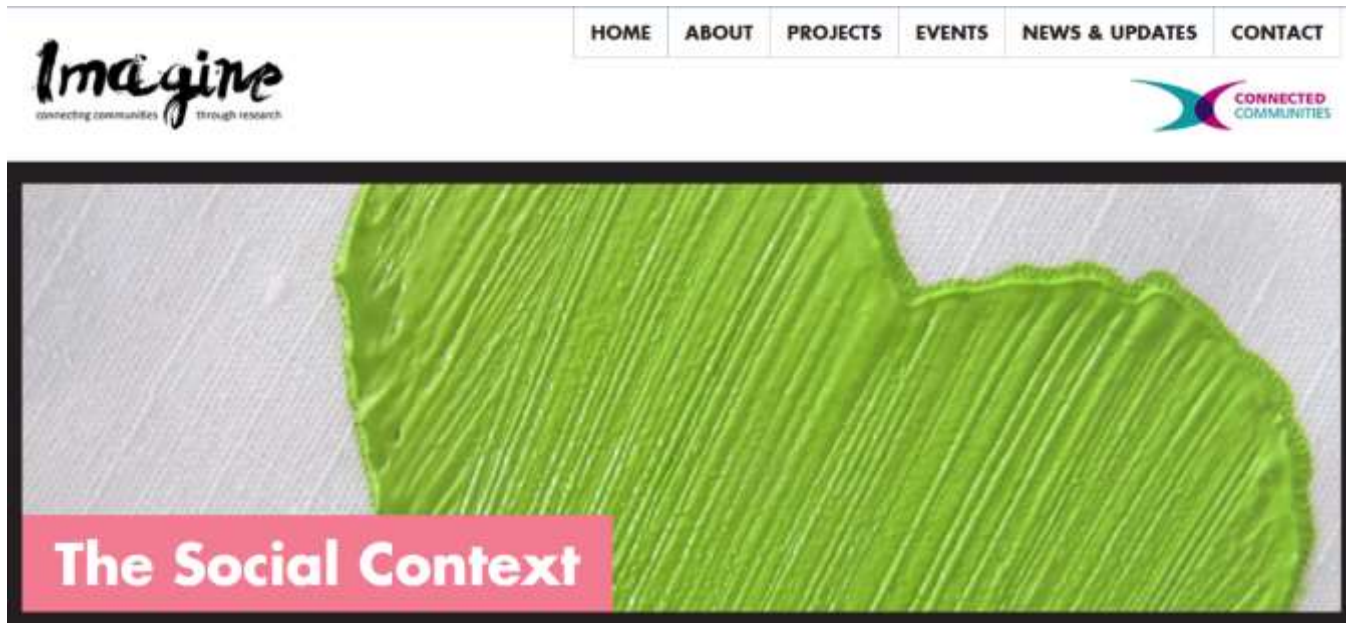
Perkins et al 2012
Meddings et al 2015

Origins of course

- Resilience building identified as a topic by Recovery College consultation
- Practitioner interest in topic following Uni workshop and personal interest
- Academic involved in research project interested in collaborative resilience building



Part of the ESRC funded *Imagine* Project



To demonstrate the potential (or not) for community university partnerships to bring people from very different backgrounds together to make better and more resilient collective futures.

Course Development Process

- Planning meetings
- Agreed to draw on Resilience Framework
- 3 legged stool: Expertise from: lived experience, practice and academic.
 - Nb found overlapping
- Session plans
 - Common format across rec colleges
 - Aims and content



Resilient Therapy (RT) (Hart & Blincow 2007)

- Harnesses selected therapeutic principles and techniques
- Originally developed re children, families & young people
- Now exploring relevance beyond that (adults – communities)
- Developed for use across contexts by different practitioners, including parents and young people.
- Designed to work with people as co-collaborators in the development of the methodology rather than as recipients
- Is user-friendly and readily accessible – you don't need a lengthy specialised training
- Non-pathologising – 'upbuilding'



- A Co-designed ‘Recovery’ College resilience course for adults with mental health problems and those supporting them. (Perkins et al 2012)
- Designed and facilitated by peer trainers, a mental health practitioner and an academic.
- Based on the Resilience Framework (Hart et al 2007)
 - Continuing on adaptation work
- Interactive 8 weekly sessions programme
 - Discussion, creative activities, map as metaphor (for navigating resilient recovery)
 - Includes session on challenging adversity (eg stigma) – not just coping with it
- Over 200 people have now attended across 3 sites in Sussex, UK

Building Resilience for Wellness and Recovery

Resilience can help people successfully get through tough times. Drawing on resilience research, practice and lived experience, this course introduces what resilience is and what it is not. It aims to help people overcome challenges by building on strengths inside them and also in the world around them. There will be opportunities within the course to share resilience tips, tools and experiences

Learning Outcomes

Students will:

Increase their understanding of what resilience is and what it is not

Identify and try out a number of resilient steps to help them cope with challenges in their lives

Have created their own personal 'resilient toolkit' by the end of the course.

Aimed at:

This course is for anyone facing tough times in their own lives and/or supporting others to overcome challenges.

Dates and times

Thursday: 5 Feb, 12 Feb, 19 Feb, 26 Feb,

5 Mar, 12 Mar, 19 Mar, 26 Mar

Time: 11am — 1:30pm

Venue

Bill Buck room, Crawley Library

Trainers

Sue Servini – Peer Trainer

Mair Reardon - Occupational Therapist

Josh Cameron – Senior Lecturer

Organisation

Sussex Partnership NHS Foundation Trust

8 x 2 hr sessions

Based on Resilience Framework

1. Introduction
2. Basics
3. Coping
4. Core Self
5. Belonging
6. Learning and work
7. Changing the odds
8. Bringing it all together

Underpinning Resilient Foundations/Roots integrated throughout:

Accepting; Conserving; Commitment; Enlisting



Resilient Framework – (Adapted by Cameron, Brooker, Neale, Reardon and Servini, from Hart & Blincow 2007 - for Adult Mental Health 2015 Version)

	BASICS	CORE SELF	BELONGING	COPING	LEARNING & WORK	CHANGING THE ODDS
RESILIENT MOVES	Good enough housing;	Instil a sense of hope;	Find somewhere to belong;	Understanding others expectations and deciding which to meet, challenge or negotiate	Map out career or life plan;	Challenge/change the source of our problems
	Enough money to live;	Promote understanding of others	Help understand your place in the world; and that others may face similar situations		Find a job/study that fits your interests. Or a hobbies that provides meaning where work doesn't.	
	Being safe;	Know yourself;	Tap into good influences; (eg peer support)	Being brave;	Engage mentors, and people who know about work and learning options to help. This includes peer support from other people facing similar challenges in work and learning..	Get support to challenge stigma by education
			Keep relationships going; (eg educate/support partners/carers/family)	Identifying & solving problems; (reduce self-blame and guilt)		
	Access & transport;	Help to take responsibility for yourself <i>Self-advocacy</i>	The more healthy relationships the better;	Putting on rose-tinted glasses; Reframing/reappraising	Find ways/support to educate colleagues/managers about mental health. Consider what to disclose about mental health problems and to who	Get support to challenge discrimination by education and advocacy (eg vocational advisors, unions, Citizens Advice, peers/colleagues).
			Take what you can from relationships where there is some hope;	Fostering your interests;		
	Healthy diet;	Foster talents;	Get together people you can count on;	Calming down & self-soothing; Support reflection;	Help self-organisation Make changes/adjustments to work/study tasks and roles	Campaign/lobby for better and easier to access services.
	Exercise and fresh air;	There are tried and tested approaches for specific problems, use them;	Responsibilities & obligations;	Not to feel overwhelmed by illness		
	Enough sleep;		Focus on good times and places;	Remember tomorrow is another day;	Recognise your strengths and achievements	Raise mental health awareness amongst friends, in media, etc. Write a letter to a local newspaper.
	Leisure and work occupations		Make sense of where you have come from;	Lean on others when necessary		
			Predict good experience of someone/something new;	Have a laugh;	Develop life skills; consider your self-expectations.	Find allies
	Make friends and mix					

Foundations/Resilient Roots

ACCEPTING <i>Interpersonal skills Empathy</i>	CONSERVING <i>Interpersonal skills Trust</i>	COMMITMENT <i>Ongoing support issues</i>	ENLISTING <i>Self (e.g. not passive), Family, Friends, MH pros, GP</i>
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Course methods and environment

- Interactive
- Creative
- Public library venue experienced as more positive than one site in a mental health centre (re role reinforcement)



Sussex Partnership 
NHS Foundation Trust



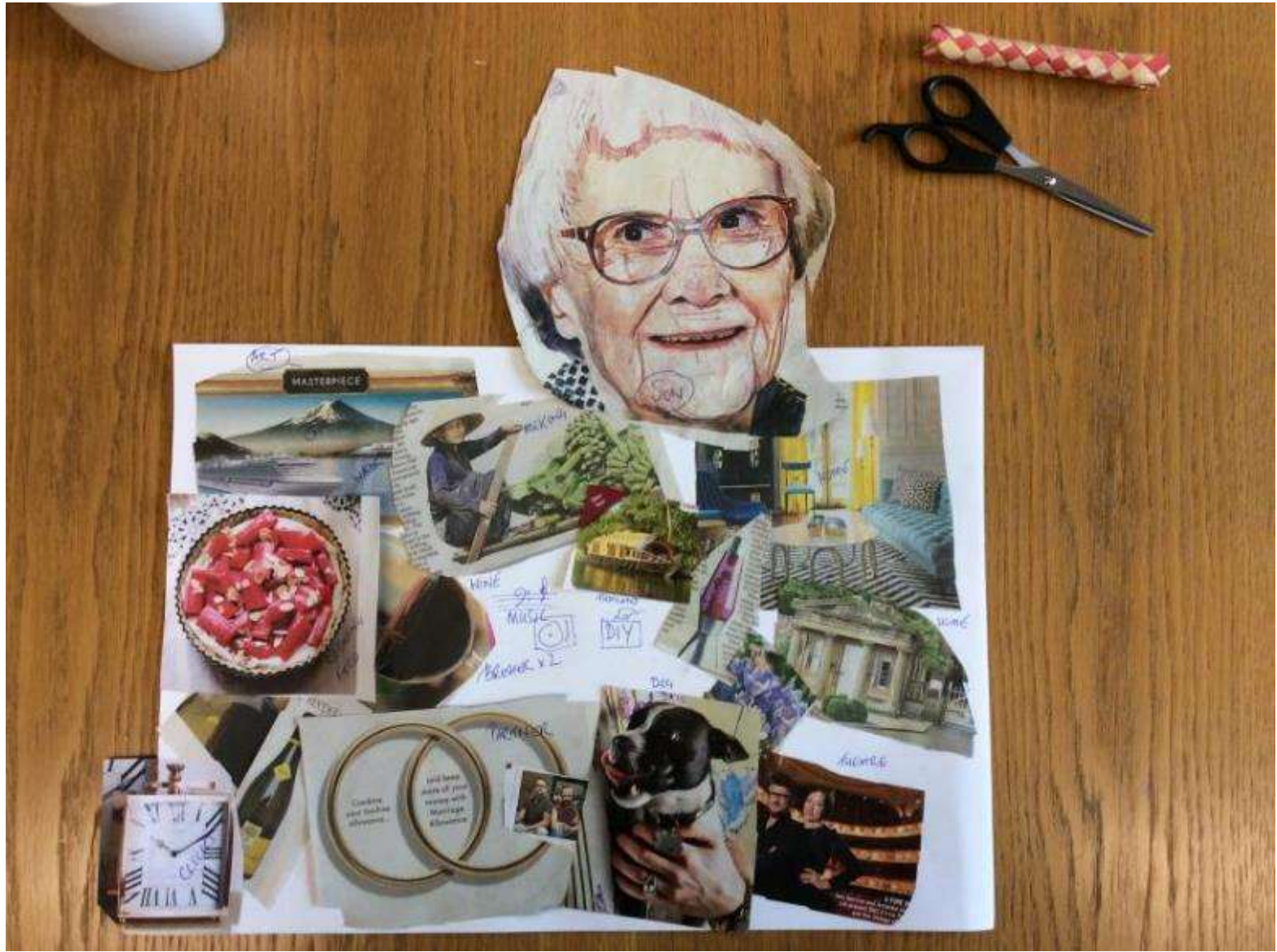
5 Belonging

- Introduce belonging from the Resilience Framework
- Where do you belong, identifying roles and relationships - [people places roles]
- Making your own belonging collage map
- Discuss/share your map
- Homework: Choose a place, person or role that's important to you belonging and spend some extra time with that person or place or doing that role. Note down how it makes you feel.



Belonging Collage Maps





MASTERSPIECE

MSJ

SON



Wine
Music
Blonde v. E



DIY



Autumn



Cooking and fashion always...

and how much of your memory with them right? Always...



Mixed Method

- Thematic analysis of qualitative data related to the experience and process of collaboration in recovery college course design and delivery. Data included 13 qualitative individual interviews with course students and tutors and 'naturally occurring' data produced in course preparation and delivery (approx 125 items).
- Quantitative data for 60 participants (pre-post scales eg Edinburgh Warwick, Resilience RRC, knowledge/understanding of resilience Likert, Hopefulness). Final analysis pending.



Boundaries and Boundary Objects: An Evaluation Framework for Mixed Methods Research

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Abstract

While mixed methods research is increasingly established as a methodological approach, researchers still struggle with boundaries arising from commitments to different methods and paradigms, and from attention to social justice. Combining two lines of work—social learning theory and the *Imagine* Program at the University of Brighton—we present an evaluation framework that was used to integrate the perspectives of multiple stakeholders in the program’s social interventions. We explore how this “value-creation framework” acts as a boundary object across “boundaries of practice,” specifically across quantitative and qualitative methods, philosophical paradigms, and participant perspectives. We argue that the framework’s focus on cycles of value creation provided the *Imagine* Program with a shared language for negotiating interpretation and action across those boundaries.

Findings drew attention to:

- Prior experience and design related to students, tutors and the course structure
- Co-delivery related to tutors and co-learner impacts
 - Including the potential role of University input to Recovery Colleges
- Course methods and environment



Prior experience and design: Students

- Nearly all had mental health problems, plus some carers of people with mh problems. Some physical health problems.
- Problems with: mood, emotion, low motivation, confidence, and cognition contributing to challenges at home, in work and in past learning experiences.
- Isolation and/or difficulties in relationships – including experiences of stigma (sometimes internalised), discrimination or lack of understanding of mental health problems:



Prior experience and design: Students

- *I was medically retired My doctor said ... you'll never work full time again. And I laughed ... But he was proved right. I still can't appreciate there's anything wrong with me. I think I'm a fraud [...] I think big brother is watching because I've got a blue badge, and I'm convinced somebody's going to take a photograph and I'm going to appear in the papers. (Student1)*



Prior experience & design: Peer tutors

- Peer tutors brought lived experience of mental health challenges to the course.
- *For me it's embedded ... I don't have to consciously think 'OK what coping skill do I need to use in this situation?'* (PeerTutor1).
- *It worked really well ... it's so much easier if you've walked in those person's shoes.* (Student2).



Prior experience and design: Clinicians

- The clinician reminded herself “*the whole point of the Recovery College is that they’re educational groups, they’re not therapy*”
- But considered therapeutic skills did have a role to play both in supporting people should they become distressed and as a source of knowledge



Prior experience and design: Academic

- Credibility of university involvement & sharing evidence:
- *[the academic]’s input ... I found very useful.... I think that if I were at university studying it ... it would be very much of this type of structure, where you’re ... exploring that heading in reasonable depth. (Student7)*
- Students & peer tutors valued the academic’s ability to actively engage students in discussion & thinking:
- *He’s brilliant at listening, understanding where the other person’s coming from and then exploring that.... I know he’s a lecturer, but he never lectures.... He gets everybody involved. (PeerTutor2)*



Prior experience and design: Active learning experience

- Tutors all brought relevant experience of active learning: the academic from problem based learning approaches, the peer tutors from their preparatory training, and, clinicians from using educational strategies in enabling interventions.



Co-delivery impacts

- Benefits of the educational approach and collaboration emerged strongly from the data.
- Students felt increased empowerment and confidence: *I've managed to build up my confidence and my own faith in myself and proved that I can do things again which I didn't think I would be able to do* (Student4).
- *You'd got people who have got all the academic training mixing with the clinician types who've worked with people like myself, and you've got the peer trainers who've ... got the lived experience side of things, and it's a really good blend.* (Student3)



Co-learner peer impacts

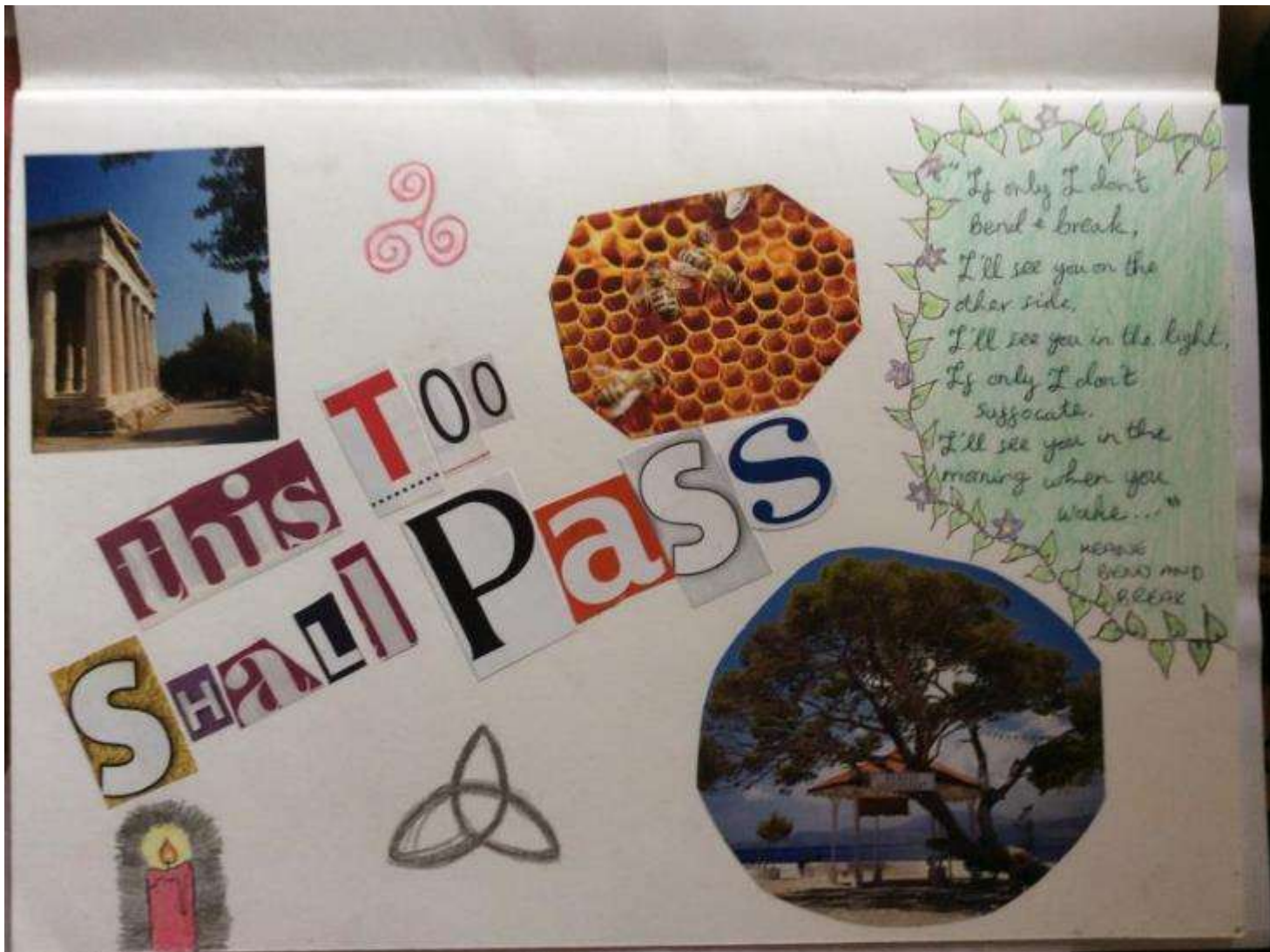
- Benefits of the collaborative approach were also apparent in the impact that students had on each other. Students felt a sense of camaraderie and relief at realising “*that you’re not the only one*” (Student4). This became a source of inspiration and practical advice:
- *There are also people ... that can teach you things about how they cope.... It’s like a really rich tapestry, ... it’s never just about an illness.... And hearing other people say similar things, but about different illnesses and different situations, it’s only going to make you a fuller person.* (Student8)



Creative methods supporting expression

- *“English is my second language ... it had so much impact on me to express, rather than in words, with pictures and that’s very important, that’s what having a scrapbook for me was – and that’s the expression of my... heart.”*





Sussex Recovery College

Co-production and learning about mental health and recovery

Imagine
connecting communities through research

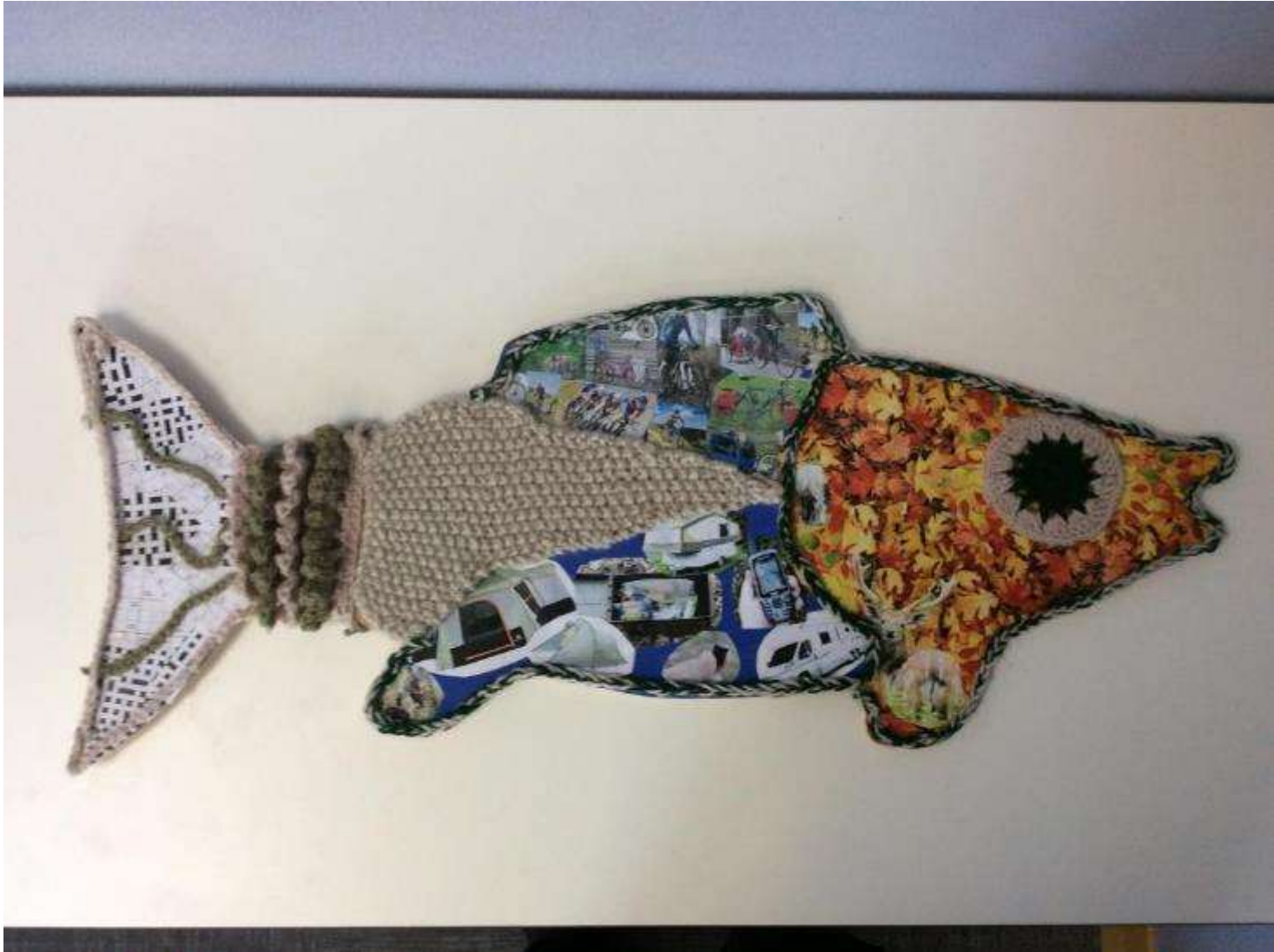
CONNECTED COMMUNITIES



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resilience research and practice

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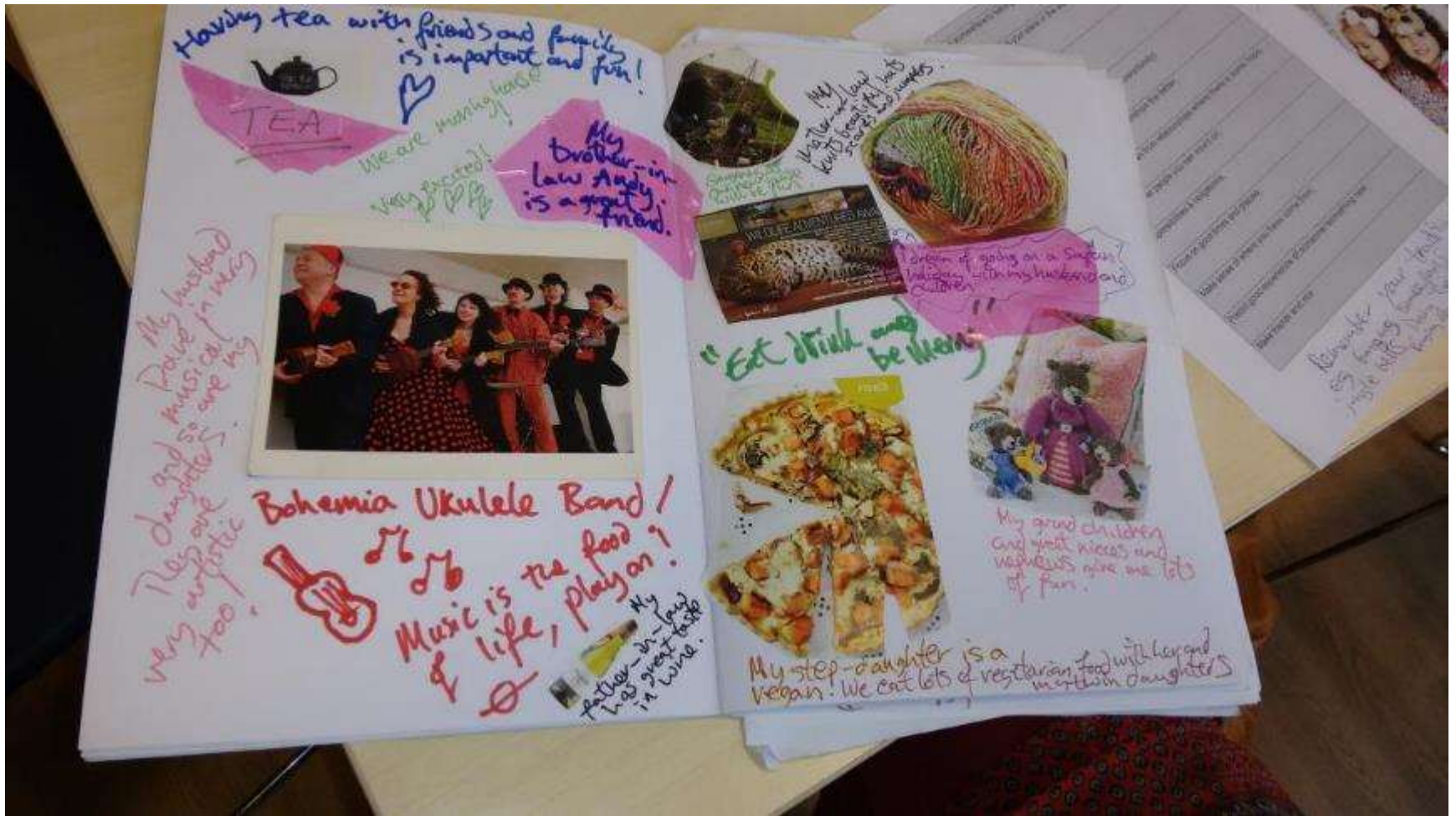
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Definitions of resilience from people who participated in the Building Resilience Recovery College Course:

“Resilience is bouncing back, being able to rely on others as well as yours and knowing that life isn’t perfect and that I don’t have to be flawless.”

“Having hope even in tough situations to recover by using tools and people available.”

“Bouncing back. Having a foundation of tools, techniques and resources to utilise when times are tough.”



Moving from individual to ecological understandings of resilience

“I think I’d be more inclined to ask for help from people around me now and see that as a resilient move. Whereas before I’d have seen it as not being resilient at all by having to ask for help, um... yeah that’s... that’s really what’s changed is not seeing asking for help as a weakness, but seeing it as a resilient move.”



Findings


- Participants appreciated use of creative non-verbal methods
- Participants embraced ecological understandings of resilience and moved away from some individualised understandings.
- Need to challenge (not just cope with) some adversity resonated (eg stigma).
- Collaboration in design and delivery very effective.



Implications for Resilience theory and practice

- The concept of resilience is relevant to people challenged by adversity...
- But it need not be restricted to individualising internal interpretations of resilience (eg Rees et al 2015) – which in a mental health setting may increase self-blame and self stigma (Cameron et al 2014).
- People benefit when they recognising that asking for and being provided with help is a resilient move. (Ungar 2007)
- Likewise, challenging adversity (and not just coping with it) can be a resilient move.
- An alternative account of resilience can be integrated with a social justice perspective. (Hart et al 2016)

Uniting Resilience Research and Practice With an Inequalities Approach

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Abstract

The concept of resilience has evolved, from an individual-level characteristic to a wider ecological notion that takes into account broader person–environment interactions, generating an increased interest in health and well-being research, practice and policy. At the same time, the research and policy-based attempts to build resilience are increasingly under attack for responsabilizing individuals and maintaining, rather than challenging, the inequitable structure of society. When adversities faced by children and young people result from embedded inequality and social disadvantage, resilience-based knowledge has the potential to influence the wider adversity context. Therefore, it is vital that conceptualizations of resilience encompass this potential for marginalized people to challenge and transform aspects of their adversity, without holding them responsible for the barriers they face. This article outlines and provides examples from an approach that we are taking in our research and practice, which we have called Boingboing resilience. We argue that it is possible to bring resilience research and practice together with a social justice approach, giving equal and simultaneous attention to individuals and to the wider system. To achieve this goal, we suggest future research should have a co-produced and inclusive research design that overcomes the dilemma of agency and responsibility, contains a socially transformative element, and has the potential to empower children, young people, and families.

Keywords

resilience research, resilience practice, adversity, inequalities, social justice, Boingboing resilience

Conclusions

- **Commitment to collaboration in design and delivery** of Recovery College courses can mobilise the diverse experiences and expertise of tutors and students (cf Meddings et al., 2014)
- Effective collaboration is not recovery 'fit for austerity' (Winship 2016) but can represent 'pre-figurative politics' (Beckwith et al. 2016) **challenging professional power over treatment and control over health related knowledge** (cf Slade et a. 2014)
- Our findings support the case for **more university involvement in Recovery Colleges** than has happened to date in England. (cf McCaig et al. 2014)
- The **environment and methods of learning have a significant impact** and should be considered alongside content. (cf Jacob et al., 2016)
- **Differences between people their knowledge and experiences** can enrich courses (Wenger-Trayner & Wenger-Trayner, 2014)



Further Information/References:

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