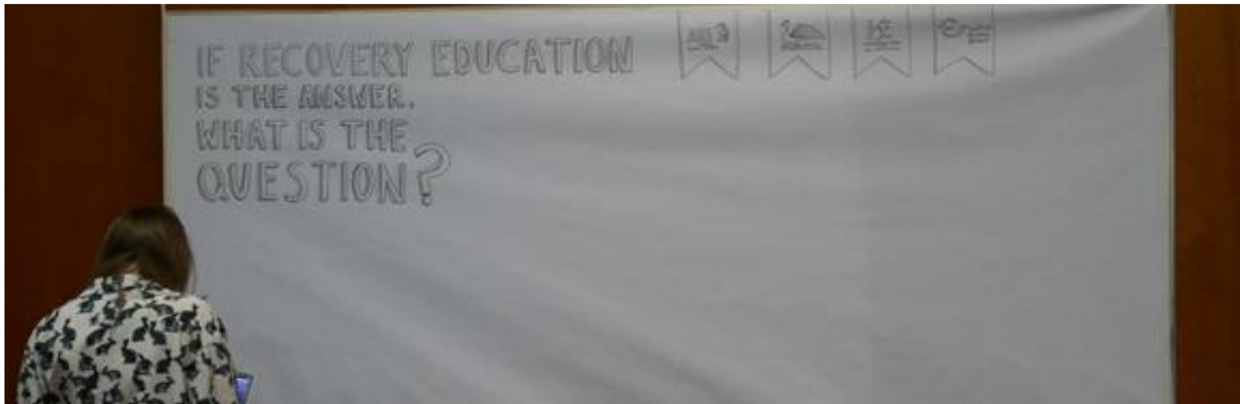
If recovery education is the answer, what is the question?

Bonnington Hotel, Dublin, May 3rd 2018.

Participant Feedback Report



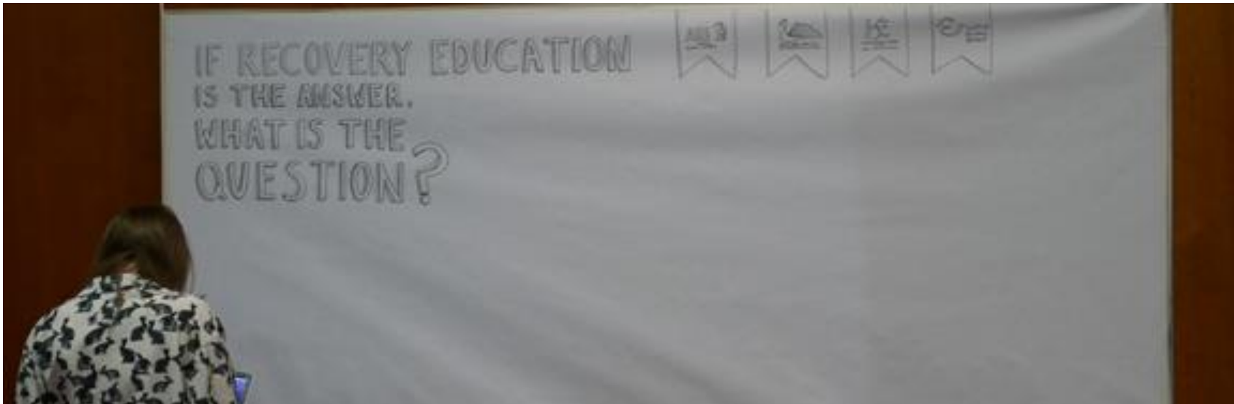
If recovery education is the answer, what is the question?

Participant Feedback Report

Contents

Event Background	**Page 3**
Event & Report Purpose	**Page 4**
Outline of the Day	**Page 5**
Morning Conversation Café	**Page 6**
Presentations	**Page 7**
Afternoon Café Conversation	**Page 11**
Feedback Sheet Samples	**Page 12**
Emerging Themes	**Page 13**
Summary of Participant Feedback	**Page 15**
Appendix 1	**Page 16**

If recovery education is the answer, what is the question?



Background to event

The Scottish Recovery Network (SRN) invited the Dublin North, North East Recovery College (DNNE RC) to present at their event on the 8th of November 2017 in Glasgow, where recovery education stakeholders in Scotland looked at the question "If recovery education is the answer, what is the question?"

DNNE RC and the SRN were so energised by the collaboration they thought there might be an opportunity to bring Irish stakeholders together in a similar way to critically reflect on recovery education development in Ireland whilst providing a networking opportunity to recovery educators.

With a view to hosting this seminar The DNNE RC approached Advancing Recovery in Ireland (ARI) with an invitation to partner on this event. ARI, recognising the value of such a dynamic event, willingly came on board, covering the bulk of event costs.

The event was hosted on May 3rd 2018, in Bonningtons Hotel, Dublin 9 and was funded jointly with ARI, DNNE RC and SRN. Invitations were circulated to stakeholders involved in recovery education in Ireland, Northern Ireland and Scotland.

Event Purpose

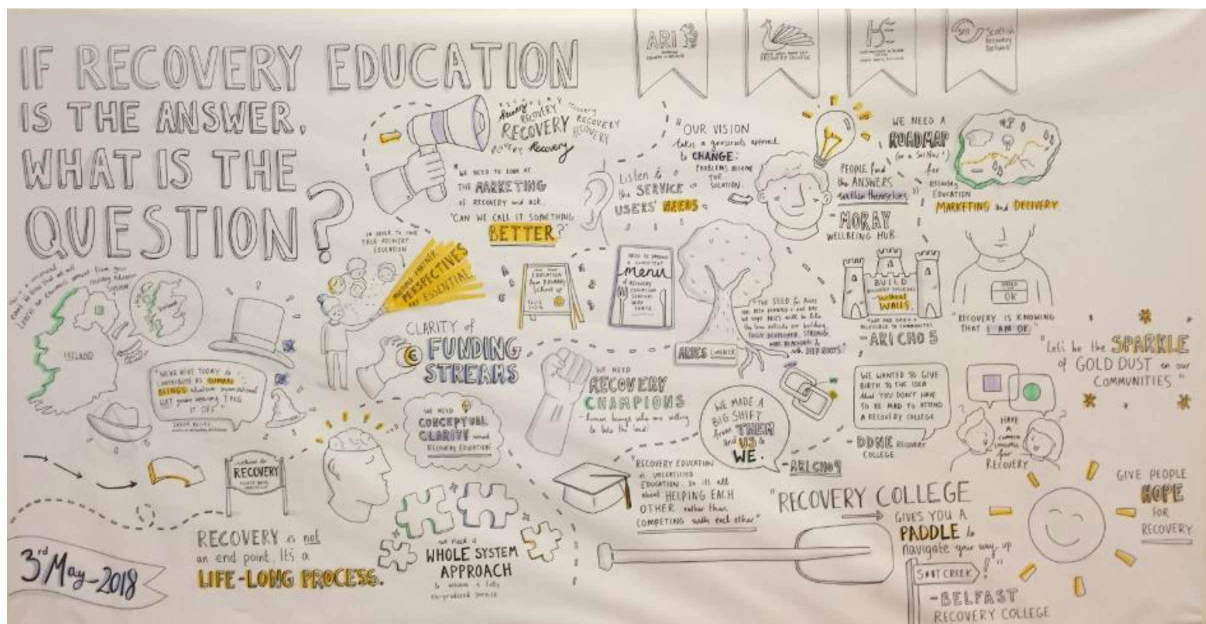
Stakeholders engaged with Recovery Education from the four provinces of Ireland and Scotland were brought together to:

- **Consider what was needed to see mental health recovery flourish in Ireland.**
- **Explore a range of different recovery education models from Ireland, Northern Ireland & Scotland.**

Report Purpose:

The data presented in this report represents feedback taken from 110 attendees on the day of the event. This information was recorded from participatory Conversation Cafés (morning and afternoon sessions). These conversation cafes were designed to give stakeholders the opportunity to reflect on recovery developments nationally and collectively envisage what would be needed to realise a landscape fully supportive of Recovery education by 2020.

The statements are included here as they were written, except for a very few illegible contributions which were omitted. In all, attendees on the day participating in the conversation cafes fed back a total of 146 statements, this comprised of 67 statements from the morning session and 79 from the afternoon.



Outline of the day.

The day commenced with Liam MacGabhann, DNNE RC Chair, welcoming everyone, explaining how the event came to be and introducing Graphic illustrator Marie Rolston from the Visual Newsdesk who was on hand to capture emerging themes of the day.

Liam opened the event introducing Frank Reilly, SRN Director, as event host; from here Frank hosted the day's deliberations. Catherine Brogan, ARI National Lead, closed proceedings for the day thanking everyone that took part, in particular thanks going out to the recovery educators presenting on the day.

The event was made up for four sections.

A) **'The Question'** Morning Conversation Café style
B) **Presentations** Pecha Kutcha style.
C) '**The Answer'** Afternoon Conversation Café Style
D) **Q & A** with the presenters

Morning Conversation Café

Frank introduced the audience to the "conversation café" approach to dialogue. The purpose of these sessions was to provide opportunities for stakeholders to share their views and varied perspectives on recovery education, the assumption here being that the knowledge and expertise required to answer the main overarching question of the day was present in the room.

Each stakeholder table had a host, who was briefed prior to the event on the café model. A note taker volunteered from each table to write up the main points from each discussion.

The table host outlined café etiquette; emphasis was placed on the importance of listening and respecting the views of others, and it was recognized that the purpose here is to acknowledge the various stakeholder perspectives around each table, as opposed to reaching consensus on each point being fed back.

Morning Conversation Café Questions:

- **What do we need for recovery education to flourish in Ireland?**
- **Where are we now, is this where we want to be and where do we want to be in 2020?**

Answers to these questions were captured on feedback sheets; for feedback sheet examples please see page 12. The comments from these sheets were subsequently collated with feedback from the afternoon Conversation Café to provide data which was compiled under a number of '*emerging themes'* for the purpose of this report. For more information about the emerging themes see page 13 of this report. All verbatim comments from Feedback forms can be found on appendix 1.

Presentations

In this section of the day, representatives from six organizations working to provide recovery education were asked to present on their respective localized approach, using Pecha Kucha **presentation** style. PechaKucha has been described as "the art of concise presentations". A dynamic and entertaining format that keeps things moving at a rapid pace. PechaKucha draws its name from the Japanese term for "chit chat". It rests on a presentation format that is based on a simple idea:

- Each speaker shows 20 images/slides for 20 seconds each
- Word Count for each Slide comprises roughly of between 60 – 80 words.
- Slides run automatically while the speaker talks along to them
- Each presentation therefore lasts just under 7 minutes
- Slides are used to present visually interesting images for the audience

Feedback from the audience indicated satisfaction with the speedy and dynamic nature of the presentations but wondered if there was an overload of information in too short a time. The bios of the speakers were given by the speakers themselves.

The six presentations were delivered by:

1. **ARI CHO 9 (North Dublin – City & County)**
   – Clare Gallagher:
   (Presentation not available at the time of report dissemination)
   Clare currently works as an occupational therapist manager in HSE North Dublin mental health services. As part of her clinical role and that of an Advancing Recovery lead in North Dublin she has been fortunate to work closely with service users, family members and colleagues in supporting and promoting Recovery principles and initiatives, including establishment of a local Service User forum.

2. **Belfast Recovery College**
   – Martin Daly & John Morgan
   http://recoverycollege.ie/belfast-petcha-kutcha/
   Martin is a father and a grandfather and enjoys long distance walking. He began to use Mental Health Services in 1986 and has been involved in the service user movement from 1999 when he helped form the service user group LAMP (Life after Mental Health Problems). Martin has been involved in establishment of the service user movement within Ireland. He has been a trained peer advocate from 2000, working within acute mental health services and the community supporting mental health service users. Martin has been in the post of Service User Consultant by experience in the Mental Health Department of the Belfast Trust from 2009. His post was the first of its kind within Mental Health Services across Northern Ireland. He works within the Senior Management team to ensure service user experience is imbedded in all work force and development planning.

   John began to use mental health services in 1992 and lived in sheltered accommodation for a number of years. Following his graduation, he joined the Civil Service in 1999 and re-joined Praxis, this time, as a befriender and Contact as a volunteer trainee counsellor. John decided to change careers in 2015 with a view to working in mental health and recovery, returning to University of Ulster to study Community Development. Following this, he became a Peer Advocate and Peer Education and Learning facilitator with the Belfast Recovery College. He was recently married.

3. **ARIES Midwest (CHO 3 – Clare, Limerick Nth Tipperary & East Limerick)**
   - **Mike O'Neill & Eileen Cunningham**
   - (Presentation not available at the time of report dissemination)

Mike is the Peer Education, Training and Development Officer with HSE Midwest ARIES. Mike brings his lived experience to his role. He began work with mental health recovery by training as an ARI Recovery Principles facilitator and also, training as an ARIES facilitator. He was also a member of the Midwest ARI project team as Service User Representative.

Eileen is the Education, Training and Development Officer with HSE Midwest ARIES. Eileen has a background in teaching and psychology. She has worked as an Education and Promotion Officer for the last four years before coming to ARIES.

Eileen and Mike are now working together to expand on the ARIES pilot project. Their work includes the creation and delivery of recovery education modules to staff, third level students and the community.

4. **Dublin North, North East Recovery College (CHO 8 – Louth, Meath & CHO 9 – Nth Dublin)**
   - **Martha Griffin**

http://recoverycollege.ie/980-2/

Martha is employed as an Expert by Experience in Dublin City University and as a Peer Educator in the DNNE Recovery College. Martha has a H. Dip in Community and Youth work and is passionate about social justice. Martha coordinated the Gateway Mental Health Project in Rathmines for 7 years and was part of the Management Committee for 2. Martha is a board member of Mental Health Ireland and is on the Oversight group that is looking to the successor to the Mental Health government policy in Ireland. When Martha is not in the mental health bubble she likes to spend time with her family, in her garden and eating good food. Martha's favourite place is Banna Beach. Martha's presentation was coproduced with Deborah Higgins & Rose Marie Murphy

5. **South East Recovery College (ARI CHO 5 – Sth Tipperary, Carlow, Kilkenny, Waterford, Wexford) – Clare Fitzpatrick and Amanda Quigley**

   (Presentation not available at the time of report dissemination)

   Amanda has been in post with Recovery College South East since April 2016, experience working in the voluntary and education sector. Has had great interest and experience with mental health and addictions and at last has found a job that she is passionate about. An accredited addiction and integrative therapist, her specialty field is addictions and palliative care.

   Clare has a background in Mental Health Nursing and has also held numerous posts in the mental Health Services both at home and abroad. Currently working as the Advancing Recovery Coordinator for CHO 5, and Co-ordinator of the Recovery College South East, established in 2014 and supporting a whole system approach to co- produced recovery education. She also acts as a support for the Peer led Involvement Centres in Carlow and Kilkenny, established in May 2014. Clare also works as a recovery Consultant with ARI nationally, supporting other mental health services in their drive to become more recovery orientated. Clare is a Recovery Principle Trainer, a Wrap and Eolas Facilitator.

6. **Moray Wellbeing Hub, Scotland**
   - Heidi Tweedie and Ewan Mathers

   http://recoverycollege.ie/moray-petcha-kutcha/

   Heidi has worked in mental health training and communications for over 15 years, much of this in partnership with national partners such as the Scottish Recovery Network as well as with local smaller groups and third sector organisations. Lately, her focus has been as a peer-leader looking at the power of locality in making recovery real especially within the area she grew up in.

   Ewan also as has a background in communications and teaching. When not involved in hub activity, he works as a photographer for a range of clients from industrial to fashion. He became involved in the hub when he had the (mis)fortune to move into Heidi's old house; typical of the community-minded way that the hub works he has developed his mental health interest from participant to trainer and now peer-leader.

   Heidi and Ewan are both founding directors and Champions as part of Moray Wellbeing Hub CIC, a social movement and enterprise for change in Moray. Both self-manage long-term conditions, and have experience of personal crisis and recovery, as well as supporting family members, friends and others in professional support roles.

Afternoon Conversation Café

After the presentations there was a break for lunch. After lunch the attendees were invited to go back into conversation café mode for another hour. At this point participants were invited to move from their original morning tables to engage with a new group. This gave participants the opportunity to engage, collaborate and connect with more stakeholders, sharing an even greater variety of perspectives to the questions being explored on the day.

The questions for the afternoon were –

- **Do any of the approaches presented meet the needs identified in Conversation Café 1?**
- **For recovery to flourish in Ireland, what do we need to experience in recovery education?**

As with the morning café, answers to these questions were captured on feedback sheets; for feedback sheet examples please see page 12. Following on from the event the comments from each of these sheets were collated with feedback from the morning session to provide data which was compiled under a number of 'emerging themes' for the purpose of this report. For more information about the emerging themes see page 13. All verbatim comments from Feedback forms can be found on appendix 1.

Conversation Café Feedback sheet examples (Morning & Afternoon)

Table 3 Morning & Afternoon Feedback:

Morning

If Recovery Education is the answer, what is the question? Café Conversation Feedback.

Main points – Feedback	Votes
Conceptual clarification < Recovery Education / < Recovery Training → co-exist	
Standardisation vs uniqueness of different Recovery colleges	
Who are we trying to reach inward / community facing → varying buy-in / benefits	
Language of Recovery – Recovery vs discovery (WORD) ? stigma	
acknowledgement that Recovery is possible needs to be acknowledged, embedded + sustained	
Challenges around evidence based Research → difficult to measure / evidence	
How do we measure outcomes	

Logged

Table Number: 3 (3) Conversation number: 1

Afternoon

If Recovery Education is the answer, what is the question? Café Conversation Feedback.

Main points – Feedback	Votes
The answers is in the Room. Reassuringly Familiar.	
Shared values → different approaches responding to individual settings (< inward / community) pros / cons – who is served	
need to acknowledge individual recovery journeys → not to be judgement re progress (avoid being judgemental)	
Recovery champions may be most vulnerable staff members → Risk	
Hybrid creatures → HSE / community vol.	
Need buy in from the unconverted	
Them + us → value Recovery approaches even if the new "lingo" isn't there.	
mental health professionals being free to express own mental health challenges (not just PSW). → stigma / double standard	

Table Number: 3 Conversation number: 2

Table 4 morning & afternoon feedback:

Morning

If Recovery Education is the answer, what is the question? Café Conversation Feedback.

Main points – Feedback	Votes
Q1. There is an understanding of need to incorporate recovery into service delivery. No understanding of recovery education yet.	
Recovery ed. is beginning at individual conversations. Needs to begin at beginning of persons journey eg when unwell. Not after they recover.	
There are pockets of positivity around country but need to work towards "recovery educ. colleges without walls".	
Currently alliances of "switched on" people + funding (but not necessary a broader investment from broader system).	
Q2. No! (but have started journey	
Q3. whole systems approach	
Clarity on rec. ed. methodology (so it doesn't become colonised)	
Learning & development embedded at all levels – colleges, services, communities, open, accessible, equitable	
(Mandated) (or something less divisive word!) understanding that every place in country is providing co-produced services that, at their core, benefit SU's, FM's, staff, communities, society	
Diff culture when it comes to recovery & rec. ed.	

Logged

Table Number: 4 Conversation number: 1

Afternoon

If Recovery Education is the answer, what is the question? Café Conversation Feedback.

Main points – Feedback	Votes
Q1 Person centred approach. Systems approach	
Collective ways of thinking.	
Fully peer led organisations – NOT attached to mh/any service. community development approach, ongoing review of processes (dev. those)!	
Similar initiatives nationally – now let's take next step.	
Peer networks (dev. these) – NOT attached to mh/any services.	
Q2 Experience. Shared learning.	
True equality	
CHIME embedded	
Expectations: of recovery, of new learning	
Good quality.	

Table Number: 4 Conversation number: 2

Emerging Themes

Feedback from both the morning and afternoon conversation cafe sessions was categorised under emerging themes which are identified below. In appendix 1 the statements are represented as they were written. All statements except a few illegible statements have been included. A total of 146 statements comprising of 67 statements from the morning session and 79 from the afternoon session were fed back from attendees via the conversation café format.

These statements were categorised into nine emerging themes. The number in brackets here represents the amount of comments made under each emerging theme:

A. **Clarifying conceptual models and standardisation versus uniqueness (32)**
B. **Culture and ethos. (30)**
C. **Challenges and resources required. (29)**
D. **Focus of recovery education work within the mental health system and community facing (24) (I changed this based on Gina's feedback)**
E. **Communications and language (17)**
F. **Collaboration, coproduction, joined up thinking (14)**
G. **Prevention and early education (5)**
H. **Evidence Base (3)**
I. **Other (2)**

Please see next page for brief summary of each emerging theme.

A. **Clarifying conceptual models and standardisation versus uniqueness:** Recognition here of the difference between 'recovery education' and 'recovery training' with mandatory training suggested for staff. It was noted that that recovery education developed in services and community differs. There were variant views with regards to standardising and/or diversity in recovery education. Suggestions for a framework and a national network is needed to support 'recovery education' that values diversity in approaches and includes initiatives that don't fit within current guidelines.

B. **Culture and ethos:** The difference between 'recovery' and 'recovery education' was recognised. It was felt there was an ethos gap between service delivery and recovery education. The importance of equality in recovery education spaces was identified. It was felt that more clarification around staff roles in recovery education was needed and there was a need for more integrative open access and person-centred approaches.

C. **Challenges and resources required:** Funding was identified as a challenge with a number of tables mentioning the need for more funding and different funding streams and the need for adequate support structures or a framework required. Other challenges included "buy in" from unconverted, the need for power to be addressed, ensuring the people involved are genuinely valued and the need to address challenges facing staff involved.

D. **Focus of recovery education work within the mental health system and community facing:** Recovery education has a place within the services and in the community and should be accessible by everyone, nationwide. What came up clearly in the room were competing / different agendas, and how can they complement each other and 'marry?' There was a recognition of value of recovery education in both mental health service settings and community settings and a challenge is recovery education taking place in the community but 'not of the community.'

E. **Communications and language:** There is a need for greater marketing, stronger messaging and positive publicity. A question is arising: is language of 'recovery' already stigmatised. People's perception of the language used, recovery or wellbeing was questions. What also came from the room were the benefits of technology for communication and language.

F. **Collaboration, coproduction and joined up thinking:** Importance of different perspectives collaborating underpinned in any working together. A whole system approach is needed to reduce fragmented approach. There is a desire to build strong networks and the value of peer led groups was recognised.

G. **Prevention and early education:** The importance of prevention and early education as a strand to recovery education.

H. **Importance of evidence base for recovery:** It is important that recovery education is evidence based.

Summary of participant feedback

The feedback on the day was strong on the need to recognise the difference between personal recovery education and recovery training for staff, emphasis was also placed on the value of recovery education taking place both within mental health services and in the community. The value of different perspectives working together in a coproduced way to develop recovery education, wherever the setting was also endorsed.

Challenges with regard to resourcing and sustainability was recognised as pivotal in embedding recovery education, there's an emerging need for conceptual clarification piece - with regards to the question '*what exactly is recovery education?*' - Which shines a light on the somewhat opposing views in the room around the need on one hand for 'standardisation', and on the other the need to support 'uniqueness.'

This was a unique event in Ireland, not only because of the methodology, but because of the diversity of organisations and people involved in the conversations. On the day we had organisations represented from all Provinces of the Island of Ireland and also from Scotland, representing statutory and NGO sectors; within service catchments and within communities generally. The diversity was evident in the quality and richness of ideas shared and outcomes reached over the course of the day. With such diversity and possibilities, it may be just the first of many equally energising conversations to come.

Appendix 1: Verbatim comments in feedback forms

Culture and ethos. (30)

- Co-created / co-produced = Recovery education
- Challenge – educating a culture / developing a different culture
- Recovery Education is beginning at individual conversations. Needs to begin at beginning of persons journey e.g. when unwell, not after they recover.
- Different culture when it comes to recovery & recovery education
- Not easily understood model – more of an ethos.
- Gap between services and ethos, how do we close the gap?
- Need to build trust between services & service users
- Recovery Champions, we need leaders, managers, friends People! Willing to take the lead as themselves
- Recovery is a feeling. I belong here. I feel welcomed
- At the start of a process this is a good place to be to welcome people on board. It's ok to be here, it's not exclusive.
- Compassion & Value, activate participation of own recovery
- Working in strengths based way… survival skills… People giving back experience
- Parity of esteem – equal mental & Physical Health
- Provide space for people to take the lead
- If people have good recovery education experience they will come back for more normalised approach to mental health
- Staff need to be learners
- Open access no referrals
- Growing conditions for recovery to flourish – champions, willing hearts and minds, infrastructure of staff and volunteers.
- Need to acknowledge individual recovery journeys > not to be judgemental re progress
- Person centred approach - System approach
- Them + us > value recovery approaches even if the new "lingo" isn't there
- Shared learning, true equality, CHIME Embedded.
- Kilkenny (south East) Dual diagnosis… bridged the gap.
- Aries captured (value of including) 3 stakeholders
- Recovery is simple – someone to love, something to do, and somewhere to live. National framework
- Culture is important – hospitality, ethos, philosophy, mission statement (all to be) clear
- Need for mutual respect and trust between service user and service provider and vice versa. (how to develop) Opportunities for this to happen?
- Recovery colleges having a tonic and using their own core principles
- Level playing field, Belfast RC (example of good practice)
- ARIES put their own stamp on their own growth.

Challenges and resources required (29)

- Engagement is here – but patchy.
- Resources and funding- unattainable
- Longer courses more peer support – important not to replace a service with another service
- No (this is not where we want to be) But we have started a journey.
- Challenge is getting relevant partners (involved)
- Clear / Obvious Funding streams (needed)
- Funds more money to be pumped in
- Power Struggle
- Voice of Service users (important)
- Can see change presently, limited resources
- Staff sharing lived experiences – very powerful, need support of culture within health and social care

- Staff being released
- Not completely reliant on money. Skills & involvement of people is important – but money is required for recovery to flourish – practical resources
- Recovery champions may be most vulnerable staff members > risk
- Mental health professionals being free to express own mental health challenges. *stigma/ double standard (not just PSW)
- Belfast recovery really well funded and staffed
- Need recovery champions to have the time within other work load to educate themselves on recovery Ed.
- Seeing people and the value they can bring and ensure they are resourced. Funding for training etc., provide line management, reflective support.
- Recovery champions, support for these as a group (needed) [Recovery consultants]
- Provide Line management, reflective practice, ensure values of recovery are felt
- Having a building to deliver rec. Ed. But also offer in other areas / towns.
- To Support staff to be able to embrace and support recovery, The framework provides a process to do this
- Promote accessibility, remove barriers, anxiety, childcare, travel costs
- Support structures alongside education that promote CHANGE
- Management support
- Challenge - needs to be viewed beyond an academic piece - life challenges – growth
- Continuous involvement & meeting EVERYONES needs (service user, service provider, family member)
- Needs to be structured towards need – co production / diverse funding streams
- Seed funding? Can other colleges tap into other resources?

Focus of recovery education work within the mental health system and community facing (24)

- Recovery approach – orientated services – Vital for recovery education
- Education is also valuable outside of the system
- Competing Agendas: ‘Outside’ > Main Focus, Inside > Competing Focuses
- Learning & development embedded at all levels – Colleges, services, communities, open, accessible and equitable
- Mandated Understanding that every place in country is providing co-produced services that, at their core, benefit Service users, Family Members, staff, communities, society
- There are pockets of positivity around country but need to work towards “recovery education – Colleges without walls”
- Recovery for everyone, not just service users not by referrals or closed groups
- Education Model. Include Mental Health Services, whole community approach.
- By 2020 ‘recovery coordinator’ not a single responsible person but a support [not need to sit within MHS} similar to Development officer
- Everybody would (By 2020) see recovery business as usual in practice and community
- Who are we trying to reach? Inward looking (service based approaches) – Outward looking (community facing). Varying Buy in – benefits.
- Move away from mental health services into community
- (Need to) Target all communities.
- (Recovery Education needs to be) Legislated, funded, embedded into community
- Needs to be outside the Mental Health service, connect to the community, Recovery education through recovery network
- Mental health has an opportunity to reclaim community

- Engagement with a wide range of representative groups CAMHS, YOUTH, Adult, OLDER People
- Open access no referrals
- Shared values – Different approaches, Responding to individual settings >Inward / Community. Pros/Cons – who is served
- Need buy in from the unconverted
- Fully peer led organisations – NOT attached to MH/any service. Community development approach, (need for) ongoing review of processes (develop these!)
- Need recovery assertive outreach, phone people who may not be able to access colleges or other recovery outlets.
- Money used (in Belfast), inclusive language and founded on needs of community, social movement rather than 'mental health…'
- We need much more community buy in / we are in the community but are we are off the community?

Clarifying conceptual models and standardisation versus uniqueness (32)

- Recovery Education can take different forms
- Perceptions of recovery education are influenced by where we come from e.g. Community, mental health, services
- Mandatory training for all HSE Staff
- Standardisation vs Uniqueness or different recovery colleges
- Conceptual Clarification: Recovery Education & Recovery Training (Need for clarification around which is which so they can) co-exist.
- There is an understanding of need to incorporate recovery into service delivery-No understanding of recovery education yet.
- Clarity on recovery education methodology, so it doesn't become colonised
- Services at different stages of development / different levels
- Services / Recovery College seen as 'maverick,' can be left isolated.
- Consistent menu with choice adapted to local needs / local coordinator. 'About me now' should be standard?
- So what are you up to? Better understanding (needed), Lack of understanding
- Education needs to be standardized / accredited in line of other courses and pitched / graded in exist strategy?
- Health Service Provide health care, Education from other
- Whole systems approaches, recovery training mandatory
- Should be mandatory that professional practice in their own recovery education.
- Language causes difficulties needs a definition, altering a phrase used is not good.
- NGOs / Voluntary groups support a consistent approach to recovery
- Everyone in regards to recovery is at different levels very patchy.
- Each centre (presenting) was unique- fragmentation visible (seen as) good.
- Presentations were good and commendable but did not answer the need, too diverse. Lack of framework.
- (To see Recovery education flourish we need) Framework, National Network.
- (To see Recovery Education Flourish we need) Governance, Funding, Engagement… still allowing for diversity to respond to community needs
- Language we use around recovery education is very important, how it develops and who we target.
- Marketing recovery – pitching it as "well-being"
- Use of digital means to target/ segment – targeting messages to different age groups and communities of interest + not doom & gloom - use of humour?
- Needed: Who is responsible to make this national policy?

- Information to be targeted and concise rather than bombarded
- Need [no stigma] positive publicity
- Feedback from recovery college students should be available to staff to be able to provide other potential users
- Language causes difficulties needs a definition, altering a phrase used is not good
- Marketing is important & standard practice, while recognising that the journey might start at different times
- App (develop tech approaches) if your living in different area and you move, connect?

Collaboration, coproduction, joined up thinking (14)

- Multiple partner perspectives create opportunities for recovery
- Unity and the services provided, lots of people doing good work but lack joined up thinking
- Whole Systems approach (required.)
- Fragmented – disconnection from each other.
- By 2020 Build strong forums & networks within us, communicate message to wider society.
- Collaboration… Learning from each other. Partnership working with Scotland & England.
- Universal + targeted approaches – inclusive collaborative networks
- Recovery college network sharing good practice
- Hybrid creatures > HSE/Community Voluntary.
- Collective ways of thinking
- Similar initiatives nationally - now let's take the step
- Peer networks (develop these) – NOT attached to MH/ any service
- Yes, many elements of all the colleges/areas (presented, meet the needs identified). Coproduction is strong in Ireland
- (Need for) Marrying approaches rather than opposing them

Prevention and early education (5)

- Education in primary school for prevention. Youth education.
- Prevention – education programme
- Introduce into the curriculum from primary school, service involvement of service user, person centred.
- Needs to start at an earlier age
- Put an emphasis on supporting children to be more resilient. Recovery for everyone at all stages of life cycle – start at the beginning

Evidence Base (3)

- Challenges around evidence based research > difficult to measure / evidence. How do we measure outcomes?
- Acknowledgement that Recovery is possible needs to be acknowledged, embedded + sustained
- Outcome measurements evaluation

Other (2)

- Not Doom and Gloom use of humour is important
- The answers in the room - reassuringly familiar.