TheMHS Awards – ‘Service Award’

Category: Education, Training or Workforce Development

Title: Recovery Camp: Using Therapeutic Recreation to Empower Consumers and Future Health Professionals

University of Wollongong

Lorna Moxham, Tim Heffernan, Chris Patterson, Dana Perlman, Susan Sumskis, Renee Brighton, Ellie Taylor
As we know, mental health services are moving toward Recovery Oriented Care and students need to understand the importance of this shift in treatment approach. Recovery Camp is an innovative opportunity for people with a lived experience of mental illness and undergraduate health students to learn from each other, facilitated by a team of skilled professionals. Based on the principles and foundations of therapeutic recreation, Recovery Camp facilitates empowerment through a restorative environment. Activities rely on a team approach, which facilitates the formation of strong, trusting relationships. Activities include daily mindfulness from a specialised Tai Chi program with a focus on balance, climbing and leaping off a 12m high zipline/flying fox, rock climbing, art and craft, archery, health and exercise education sessions, a trivia evening, and the 18m high giant swing that makes everyone laugh (and scream). We also have a very popular bush dance. The activities are designed to challenge; enabling the dignity of risk within a supportive, friendly environment where cheers of encouragement make great things happen.

Recovery Camp is a unique initiative – the first of its kind in Australia. In terms of shaping future health professionals knowledge and attitudes toward people with mental illness, the Recovery Camp philosophy embraces various key priorities in mental health care delivery. As such, the practice standards which are the main priority at Recovery Camp are: Rights, Responsibility, Safety and Privacy; Consumer and Carer Participation; Awareness of Diversity; Integration and Partnership; Evaluation and Research; and Ethical Practice and Professional Responsibilities.

Participants at Recovery Camp recognise that recovery occurs in partnership, where lived experience of mental illness is valued and recognised. Recovery Camp facilitates “living well” and this approach enables students to be exposed to good practice standards. The Mental Health Commission (NSW) describes “the challenge of change” and we believe change can be effected through positive and appropriate education of future health professionals. The aim is that when students enter their respective health professions they can advocate and promote good practice by influencing clinical and service management change. Students are exposed to this approach, rather than the illness focus they usually witness, and the consumers are not treated as an illness. Students will be the agents of positive change.

Recovery Camp is, therefore, strengths-based and recovery-oriented and promotes wellbeing and resilience. It facilitates consumers to take “the driver’s seat.” Future health professionals learn from ongoing positive interactions with consumers via participation, input and feedback all done in an environment of encouragement, growth and warmth. Everyone who attends Recovery Camp becomes genuinely engaged over five days because we are deeply embedded with each other, relying on each other for emotional support and encouragement and also for physical safety.
2. Criteria

2.1 Evidence of a significant contribution to the field of mental health on a local, state or national level:

The introduction of the Recovery Camp has been welcomed and openly supported by consumers, carers and families, mental health organisations (Private, Public and Non-Government Organisations), and health professionals across the Illawarra-Shoalhaven region of New South Wales, Australia. Many consumers who attend describe the experience as “life-changing,” “pushing me beyond known limits,” and enabling opportunities to “feel accepted and worthwhile.” Recovery Camp is challenging but fun. “I haven’t laughed so much in years,” said a participant. People who attend Recovery Camp talk about how the experience leads to increased hope, personal responsibility, connectedness, confidence and discovery. “I’m good at something!”

Recovery Camp directly influences the mental health and well-being of those who attend, but beyond that, it also affords carers the opportunity for five days respite. This is incredibly valuable, building resilience for carers, enabling continued, efficacious caregiving responsibilities. The following quotes, directly from carers, demonstrate some of the benefits.

“Those 5 days away are amazing! Even though [name removed] doesn’t live with me, it’s the 5 or 6 calls per day I used to get with him crying, or yelling, or telling me the world is terrible and everyone hates him etc… it’s peace of mind knowing that phone isn’t going to ring for a whole week!”

“Five days without my daughter were very beneficial. I felt like I was having a rest. Although I have other caring responsibilities… but I felt relief that [name removed] was at camp and being looked after by someone else.”

“My wife and I work around [name removed]’s needs. While he was away, we were able to pursue golf and bowls. [Name removed] has benefited from the experience… his confidence is much better. His eating was very limited and selective. Since camp, his appetite has improved and is less selective.”

“While she’s gone, I can do whatever I want. Visit my friends. Go out for lunch. Relax! I needed this to unwind. [Name removed] is hard work, but I have to do it [care for her] so she can have a life.”

Further, the team at UOW has been approached by various other Australian universities enquiring about conducting a Recovery Camp program within their region due to the profound impact it has on students and consumers. In early 2015, the Recovery Camp team began the process of commercialising the Recovery Camp project to enable universities across Australia to utilise this approach to student and consumer education and empowerment. A Recovery Camp manual has been drafted
and is expected to be ready for distribution within the coming months. This will ensure the program can be rolled out nationally and people in many jurisdictions can also benefit from this approach.

2.2 Evidence of innovation and/or recognised best practice:

As an Australian first, *Recovery Camp* is innovative and evidence-based. *Recovery Camp* helps participants see that mental health is everyone’s business. By bringing together people with a lived experience of mental illness and future health professionals from different disciplines outside of a ‘typical’ hospital in-patient setting, the effectiveness of working in partnership is demonstrated every day. Students learn and their attitudes change as a result of personal contact. The vision of the Mental Health Commission (WA) describes a state where everyone works together (teamwork at Recovery Camp) to encourage and support people who experience mental health problems and/or mental illness (relationship building, bonding and encouragement is highly visible at *Recovery Camp*) to stay in the community, out of hospital and live a meaningful life (*Recovery Camp* builds hope, friendships and resilience - and it’s fun!)

The following quote, from a Nursing student in 2014 (female, mature age), illustrates the translational nature of this innovative learning opportunity:

“Throughout the activities we worked as equals and built strong therapeutic relationships and collaborative alliances to achieve individual and group goals. In a fun, yet psychosocially safe environment, all participants took risks to extend themselves and overcome fears which can ultimately build resilience in everyday life. The environment was conducive in developing empathy and forming deeply meaningful therapeutic relationships and strengthening professional nursing communication skills. Very quickly, I was able to reflect upon any previously held misconceptions of people experiencing a mental illness and see beyond the symptoms to view the person. Despite having previously attended a mental health placement, which gave insight into the professional role of a community mental health nurse, the camp provided myself and others with valuable insight into the consumer’s perspective and will inform our future practice in all healthcare settings. I highly recommend the continuation of the Recovery Camp to advance nursing knowledge and skills and evidence based best practice in an innovative manner.”

2.3 Evidence of participation of mental health consumers, in the planning, implementation and evaluation:

*Recovery Camp* draws on the expertise of a variety of individuals, and each year is evaluated and modified as a result of participant feedback. Tim Heffernan, who has a lived experience of mental illness, is an integral part of the *Recovery Camp* team. Tim offers his perspective, experience, expertise and insights to all stages: planning the camp program, recruitment, support, and various activities, through to the evaluative research undertaken. The *Recovery Camp* team has also established a
Camp Ambassador position, enabling a consumer to further extend themselves and build confidence and abilities over time. Thus far, the Camp Ambassador has attended 3 camps. Of the experience, Daredevil Mick, as he is now affectionately known (he came to his first Recovery Camp and declared himself as “Crazy Uncle Mick”), says:

“Every year, I look forward to camp. I’m a role model… I help people and I feel like I’m worth something. When I’m home, I smoke a pack a day, but at camp, I don’t smoke at all. Since camp, I’ve attended some bush dancing classes… and I’ve even gone rock climbing with my case worker. It’s given me the information and motivation to work on losing some weight and quitting the smokes for good.”

Daredevil has now engaged a personal trainer and has also joined a gym. He is no longer “Crazy Uncle Mick.” We only know him as Daredevil Mick (you should see what he tries at camp) and that’s what his family now also call him.

In addition, a female consumer who has also attended three Recovery Camps takes an active role in helping debrief everyone and be the ‘point of contact’ if a consumer wishes to speak only to another consumer. Kaylene, who is a senior, commences Recovery Camp with a talk to everyone and hands out a small gift of encouragement for the week. You should also see what Kaylene can do at Recovery Camp despite being told by a health professional “you should be careful because you have an illness.” Two other consumers are actively engaged in the recruitment phase and also the information sessions. They help allay any anxiety and fears about attending Recovery Camp when we hold information sessions for consumers and their carers and/or families. When they vividly describe leaping off the flying fox, though, it does cause wide eyes!

Further, as previously mentioned, Recovery Camp provides the platform for consumers to share their stories (good and bad) in an accepting, non-judgemental forum, thus teaching future health professionals and helping to sculpt positive attitudes. The learning that occurs is collaborative and recovery-focused.

Finally, consumers and students are invited to evaluate the experience. This takes the form of general feedback forms as well as established psychometric measurement tools. All feedback is used to improve the experience year-to-year. The Recovery Camp team also receives a large number of emails, phone calls, and letters following each experience, outlining the various benefits. A few quotes are provided below.

Consumer (lives with borderline personality disorder; female; early 30s): “Thank you for giving me the opportunity for having the best week of my life… I really learnt a lot about teamwork and working together… I learnt to fully trust without fear or judgement… I learnt to have faith and on the last day I was able to be roped on to the giant swing, although not to the top but I felt I achieved something that day and having everyone cheer me on, I have never felt so good about myself.”
Consumer (lives with schizophrenia; male; early 40s): “Honestly the happiest 5 days of my life…”

Consumer (diagnosis of depression; female; early 60s): “As I never participated in such events at school, this was a unique and enjoyable experience. I felt like an ordinary person, unlucky enough to be suffering from a mental illness, yet still capable in other ways, even "sane" enough to offer useful advice and caring support to others. I was touched that my fellow campers believed in me, taking for granted that I could do whatever was needed for the moment. I have not experienced the joy of being connected to others in so many, many years.”

Student (exercise physiology; female; early 20s): “I had the most incredible time at camp, I really enjoyed getting to know everyone… I have learned a lot about being open minded, supporting others and listening to people.”

Student (nursing; female; early 30s): “I learn that to build resilience a consumer must be given dignity of risk. Whilst on the camp, we were able to see consumers (and students) out of their elements on a larger much quicker time scale, but this can just as easily be seen in the community. I have learnt that consumers need to be given the chance to fall down, to build resilience and to build on their own coping strategies.”

Student (psychology; male; early 20s): “…we get fed a whole load of information about mental health, but nothing beats hands on experience. I found I learnt many invaluable lessons from being surrounded by other researchers, psychologists, students from different faculties, and consumers.”

2.4 Evidence of Partnerships and Linkages (collaboration for continuity between organisations):

Open communication between the Recovery Camp team and mental health organisations is essential to the success of the program. Potential consumer participants are recruited through the following organisations:

- NEAMI National
- Schizophrenia Fellowship
- Illawarra Shoalhaven Local Health District
- Illawarra Community Mental Health
- New Outlook/RichmondPRA
- South Coast Private Hospital

A formal partnership exists between Tim Heffernan – a Peer Support Worker from the Illawarra Shoalhaven Local Health District (ISLHD) – and Recovery Camp. The ISLHD are supportive of Tim being part of the Recovery Camp team, which enables him to attend meetings, recruit participants, and attend Recovery Camp as part of his working hours.
Internally, *Recovery Camp* has formed a partnership, linking closely with the University of Wollongong (UOW) Global Challenges program - specifically the Living Well, Longer theme. Over the coming decades, we will face many challenges and transformations in the way we live. The UOW Global Challenges Program recognises the interconnected nature of these transformations. The program is designed to encourage and develop creative and community-engaged research that will help drive social, economic and cultural change in the local region, and will be translatable across the globe. The program focuses on three Global Challenges - **Living Well, Longer** (the challenge that *Recovery Camp* is linked to), Manufacturing Innovation, and Sustaining Coastal and Marine Zones. These are united by an overall research goal: Transforming Lives and Regions. Each Global Challenge involves collaboration between UOW researchers and business, government, community and other research organisations. Global Challenges articulates and pursues innovative solutions to major challenges, with a clear focus on the delivery and adoption of research outputs that have maximum impact in key areas of social, economic and community need.

In addition, *Recovery Camp* has been recognised by a number of community organisations and companies who provide sponsorship.

For example:

- MK Floors ([http://mkfloors.com.au](http://mkfloors.com.au)) have witnessed the benefits of the experience and now sponsor a *Recovery Camp* photo book. Each participant at *Recovery Camp* is presented with a photo album at the Recovery Camp three month reunion. Each book costs about $45.00 to produce and MK floors sponsors this piece of important memorabilia.


- South Coast Private Hospital ([http://www.southcoastprivate.com.au](http://www.southcoastprivate.com.au)) is wholly supportive of *Recovery Camp* and for the last two years has donated $1,000.00. This has partly funded the cost of the bus to transport us to the YMCA facility where *Recovery Camp* is held.

### 2.5 Verification and evaluation of the program’s effectiveness:

A quasi-experimental, three phase, nested four cohort design is used to evaluate Recovery Camp each year.

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<tr>
<th>ID</th>
<th>Task Name</th>
<th>April</th>
<th>May</th>
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<td>Final Program/Approval</td>
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<td>3</td>
<td>Survey Consumer Intervention Group</td>
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<td>4</td>
<td>Survey Student Intervention Group</td>
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<td>Survey Consumer Comparison Group</td>
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<td>6</td>
<td>Survey Student Comparison Group</td>
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<td>Data Analysis, Write-Up, Dissemination</td>
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Pre, post, and longitudinal measures are collected, comparing two ‘at camp’ groups (consumers and students), and two ‘comparison’ groups (consumers and students who did not attend camp). Methods of data collection are both qualitative and quantitative. Analyses indicate that *Recovery Camp* is efficacious.

Specifically, for consumers, results to date show that the program fosters elements of hope, personal responsibility, connectedness, empowerment and discovery. For students, they leave the experience with less stigmatising attitudes and greater mental health clinical confidence and competence. Self-reported surveys were used. The following table illustrates some of the significant findings:

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<th>GROUP</th>
<th>MEASURE</th>
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<tr>
<td>Students</td>
<td>Stigma (social distance)</td>
<td>Nursing students who attend <em>Recovery Camp</em> leave the experience with significantly <em>less</em> stigmatising attitudes, compared to the comparison group who attend a ‘typical’ hospital-based clinical placement. This was maintained at 3-month follow-up.</td>
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<td>Mental health clinical confidence</td>
<td>Nursing students who attend <em>Recovery Camp</em> leave the experience with significantly <em>greater</em> clinical confidence, as do those in the comparison group. This was maintained at follow-up.</td>
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<tr>
<td>Consumers</td>
<td>Self-determination</td>
<td>Consumers who attend <em>Recovery Camp</em> leave the experience with significantly <em>increased</em> self-determination, relative to the comparison group who went about their ‘normal’ day-to-day activities. This was maintained at follow-up.</td>
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<td>Perceived control</td>
<td>Consumers who attend <em>Recovery Camp</em> leave the experience with significantly <em>increased</em> elements of perceived control, relative to the comparison group. This was maintained at follow-up.</td>
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<td>Leisure boredom</td>
<td>While leisure boredom for those who attended <em>Recovery Camp</em> remained stable, leisure boredom did <em>increase</em> for the comparison group over the period of data collection. It may be suggested that <em>Recovery Camp</em> was a protective factor, preventing an increase in leisure boredom for those who attended.</td>
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<td>Goals</td>
<td>Participants are asked to set a series of goals for their time at <em>Recovery Camp</em>. Following <em>Recovery Camp</em>, they are asked to rate the degree of attainment for each goal. All goals were achieved, and most were achieved to a high extent.</td>
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In addition, carers are also requested to provide quantitative and qualitative data regarding their week of non-carer activities. Most carers surveyed, reported that their carer duties span 24 hours a day, 7 days a week. They suggested they regularly have to forego activities that they enjoy, such as shopping, tennis, and other leisure activities. They report the impact of their carer duties on their health and wellbeing to be significant, from regular anxiety and worry, to ‘constant’ tiredness and negative effects on interpersonal relationships. While the person they care for was away at Recovery Camp, they were able to go out for dinner, spend time with their significant other, and pursue various other leisure activities they would usually forego.

Results of Recovery Camp research can also be viewed at:


3. Conclusion

One in five Australians will, at some time, experience a mental illness. For future health professionals, Recovery Camp offers an invaluable opportunity to work with and learn from consumers. Engaging with consumers, from a lived experience perspective, is important as it gives the future agents of change a deeper understanding of recovery and wellbeing. These soon-to-be health professionals can then apply the skills and knowledge they have learned, as well as take their positive recovery-focused attitudes to their clinical practice. This innovative experience enhances translational learning where theory is connected to a real-world setting. When the students commence learning, they are likely to care for consumers similar to those who attend Recovery Camp. Proximity immersion with people who have a lived experience is a must for workforce development.

This collaborative, interdisciplinary, community-based project benefits our most vulnerable and marginalised people, and also has a positive carry-on effect to their
carer/s and family members. The experience is described as “life-changing” by consumers. *Recovery Camp* enables them to bring their light out from under the bushel, to be their best, to challenge and extend themselves and to take risks. All of these things happen in a safe, restorative environment, free from judgment and free from an illness focus. *Recovery Camp* offers a “yes you can” approach when what consumers have often encountered is a “no you can’t” attitude. Importantly, *Recovery Camp* provides an opportunity to educate future health professionals and instil positive attitudes.

As a final message, someone living with bipolar disorder who attended *Recovery Camp* in 2015 said: “In a strange way, I just hope I still have a mental illness next year, so I can come again.”

4. **Referees:**

Removed for privacy.
5. Appendix of Support Material:

Appendix A

1. Illawarra Mercury article – published April 25, 2014 – “Back to nature: the healing power of recovery camp”
Long road to finding ‘me’

Life went wrong for Christine when she was in hospital having her first baby.

She was 37 and supposed to be enjoying that happy, fulfilling stage of life, but instead, it was a time of intense support and care at hospital and she became a parent. Around that time, she had thrown her baby over a cliff and the staff at the hospital discussed that on her return. Christine says, “Although nothing was said to me of their suspicions, I was labelled as suffering from postnatal depression. But I still feel that wasn’t the case.”

Christine was directed to a psychiatrist as a preventative.

Her job was to administer drugs. Looking back, Christine wishes she had been referred to a psychologist instead—a someone who could help her with strategies for dealing with her emotions, rather than prescribe the drugs. Someone who could talk to her.

She could see no emergency.

At first, I was given sleeping tablets even though I had no trouble sleeping. These had adverse effects upon me. There were also a lot of misunderstandings and things were misconstrued.

At first, I was given sleeping tablets even though I had no trouble sleeping.

After being on high doses of different medications—some that sent her into a deep sleep, others caused her words and wonder letters—Christine was sent home to look after her baby with the help of her husband. Over time, she improved.

I was unable to recover but had a relapse six months later. I feel that this was when my illness set in. It was at the time that I felt that, instead of being a person, I was an illness and had completely lost myself.

Christine said her friends and relatives, even her husband, who was supportive, saw her in a different light. She, meanwhile, went back to work but I was still so depressed that I had to be on the floor and let my baby crawl all over me. The only time I would know where he was and where I was up to it, I could play with his toys with him.

Christine felt life was one giant muddle. “I was fortunate enough to meet a lady who has become my best friend. This has made a significant difference in my recovery.”

Christine found support from Neami (a non-government mental health organisation that provides support and services within a recovery framework to people with a serious mental illness) and Paisley Place (a state-government mental health service).

“The Neami program encouraged me to develop my creativity through visual arts and I have found that my creative side is a much-needed resource to bring me balance in my life.”

Through Neami, she found the University of Wollongong’s recovery camps.

The camp brought me to realise that goals could be achievable if I would only give it a go and move forward out of my comfort zone.

Since the camp, Christine has received her level 1 certificate and completed her level 2 certificate. “Who knows from here,” she says, “I have learnt from the camp that to achieve my goals, one must try by taking the first step which is sometimes the hardest. Thank you, Camp, I’m back.”

Christine is now able to recover from her illness.

Byline: Vinny Maron

David Prichard enjoyed the camaraderie.

Shared time gives insight

David Prichard knew he had made a right career choice after going to camp with a group of inspiring people who are dealing with mental health issues.

From a professional point of view, I gained experience in learning how to engage with people living with a mental illness. I learnt how they were managing their illness in their day to day living,” Mr. Prichard said.

“It was important to see how their recovery journey was progressing and what they did to keep themselves well and out of hospital.”

Mr. Prichard said the camp gave him a better insight into what services are available in the community for people living with a mental illness.

“Personally I feel that my choice to follow a career in mental health nursing was validated by attending the recovery camp. A person’s mental illness is just one of many aspects of their lives and it can be managed the same as any illness.”

In part of their life, we are the ruling factor in their life.”

Mr. Prichard enjoyed the camaraderie between the students, nurses, faculty staff and camp staff.

Everyone started on a level footing, so we could learn from each other and support each other through the challenges and sometimes learn that the activities and the experience worked.”

Mr. Prichard, now a Mental Health Registered Nurse, uses what he learned every day.

“Most of all, the camp was a fun environment that lets all of us learn and learn ways to make the recovery journey of someone living with a mental illness, and those that care for and work with them, a better and more positive experience.”
Appendix B

Consumers educate nursing students
by climbing, swinging and dancing their way through risks, challenges and growth

BY DR SUSAN LIEBICH, PROF LORNA MOXHAM, CHRIS PATTERSON AND RENEE BRIGHTON

"The Recovery Camp" was an innovative and collaborative project in which undergraduate nursing students and people with a lived experience of mental health conditions spent a week together at a bush camp. 28 Consumers, 14 nursing students, three psychology students, one Exercise Physiologist, four nurse academicians and one Independent mental health nurse (IMHN) attended YMCA Camp Faranamurra. Camp activities and experiences relied on and fostered the development of therapeutic and collaborative relationships for all of those who attended.

Consumers promoted an understanding of individual mental health recovery and facilitated an immersive learning for nursing students. The 'camp' provided all who attended the opportunity to challenge themselves in a range of physically and mentally testing activities, such as high ropes, rock climbing, the flying fox, hours of high energy bush dancing, and also the quiet, calming and centering practice of Tai Chi. Participants learned to appreciate each other's personal journeys, to focus on each other's strengths, and to find solutions to shared challenges. Completely absent from the camp was any focus on symptoms, weaknesses and illness as restrictions, and instead, an atmosphere of facilitation, participation and communication pervaded the camp.

Camp attendees were a mix of males and females and ranged between 21 and 71 years of age, with a range of weight between 59kgs and 185kgs. Everybody had an active, integral and valued role within the camp, regardless of gender, age or size. Participants experienced mental health conditions including PTSD, schizophrenia, bi-polar disorder, anxiety, depression, personality disorder, addiction and eating disorder. Concurrent physical challenges (which did not stop anyone from participation), included such things as: sleep apnoea, diabetes, irritable bowel, asthma, chronic fatigue, hypothyroid, back pain, poor mobility, recent CVA, hypertension, arthritis, renal/pulmonary transplant, hip replacement, skin cancer, arthroplasty with subtotal amputations, cervical laminectomy, dysphagia, and spurs.

The camp was a transformative experience on some level for all participants. Some of the post-camp feedback includes:

"I can get into a normal sleep pattern, I slept better on the camp than I do at home, and now that I've had a few nights in a row of good sleep I know that it is possible, and that is a big relief."

"At night after I finished dinner I don't need to eat any more. At home I am used to having late night snacks, which is not good for my weight, but at the camp I survived fine without late night snacks."

"I learnt from some of the activities to take the plunge and not think too much. This was exemplified literally in the flying fox, and also on the rock climbing wall where I realised I could climb higher if I didn't get stuck in my thoughts or allow myself to get scared, but just focused on one step at a time. This method I now apply to all different areas of my life, for example with stuff like housework I seem better able to get on with it instead of hesitating and getting stuck in my thoughts, so that is a positive change."

"In terms of team work, it was encouraging. My team mates were very encouraging even when I doubted myself (as on the high ropes). But they didn’t put pressure on me, so that was a good balance."

"The camp has made a big difference in my life in the way of making me realise that I can meet challenges and overcome fears to a greater degree."

"Having wanted to change the direction of my life for a long time, after the camp I have been lead in a new direction and have considered the possibilities available to me and I have taken a big step that I now feel may be able to come to fruition should I not fall into the old position of 'gona-do'. Thanks to the encouragements of the camp I now feel I have the courage to face a challenging but rewarding future should it be what is intended for me in the scheme of things."

The students who attended the camp were third year undergraduates who had previously had one full semester of mental health nursing curriculum, including clinical practice, but nonetheless they indicated that they started the camp with trepidation. They had no previous experiences on which to judge what was to come. Within the first couple of days, students aligned with consumers in genuine collaboration and therapeutic intent. The skills they indicated they were using included active and reflective listening, empathy, self-disclosure and collaboration. They also overcame their own fears, challenged themselves, received much needed support from consumers and valued the wisdom and just plain enthusiasm and happiness of the consumers, who had a go at everything and often outdid the students in activities.

From the perspective of camp organisers (mental health nurses), the camp was truly a rewarding, inspiring and heart-felt experience that has forever changed our understanding of what is possible and most importantly, has caused us to challenge our views of practice and come to understand that our attitudes and practices can be barriers and challenges within consumer's experiences of recovery.
Comfort Zones - My week at Recovery Camp

By Abbey Dalton, UOW Exercise Physiology Student

I put my hand up for it, stupidly. Why did I volunteer for this? I could be comfortably going about this week like any other but this week is different. This week I am stuffing my bag with warm clothes and a sleeping bag, instead of lecture notes and my coffee cup, this week I’m off to camp. This is what was going through my head the night before I was setting off to Recovery Camp, a camp which takes 30 students studying in health and psychology and 30 adults living with a severe mental illness for one jam packed week. I put my hand up to go knowing full well that it would take me a lifetime to catch up on all the uni I’ve missed, I put my hand up knowing that I was going way out of my comfort zone, I put my hand up knowing that my life was about to change, and it did.

I had never really experienced how powerful words can be.

I learnt a lot at Recovery Camp, I had conversations that I have never had with anyone, I made more friends in one week than I have ever had and I felt supported and encouraged in a way that I have never been before. The activities on camp were very, well, camp-like there was giant swing, rock climbing, alpine rescue tai chi and even a bush dance. I still can’t stop smiling at the memory of dangling up in the air about to pull the rope of the giant swing which would cause my stomach to get sucked to my feet. As I dangled there I could hear “you are amazing! You can do it, come on!” Everybody’s words made me feel warm, it made me think hey, maybe I am amazing, yeah I can do this. I had never really experienced just how powerful words can be.
Morning wake up with tai chi.

I was struck by the emotional intelligence of the people at camp living with a mental illness, I was struck by how caring and thoughtful they were, I was struck by how hilarious their jokes could be, I was struck by how little they had ever been told this. I met beautiful people that didn’t believe that they were beautiful, I met people who believed they were bad at everything before they had even tried, I met people who believed that they could never get up and do the chicken dance in front of everyone or that they could never even get one reach on the rock tower but they did.

I was told about what it was like to be hospitalised in the public system for a mental illness. The word I heard the most to describe it was “terrifying”. I was told that there’s nothing to do but lie in bed, all the staff are too busy to be nice and have a conversation, if you didn’t want to take your medication, you could be held down and forced to. Some of the side effects of the medications that people talked about are hair loss, weight gain, drowsiness and feelings of being just flat, you can see why not everyone would be jumping up
and down to take them. I'm not saying that all hospitals are like this or that all hospital staff are mean, but it would only take one experience like this to imprint it in your mind for the rest of your life.

*The lesson is one that we learnt in kindergarten but never really learnt, treat everyone how you wish to be treated, treat everyone with the respect and dignity they deserve.*

The negative experiences that people had had with the health system were part of the reason that they brought us health students along, to give people a positive experience with soon to be health professionals, to offer some faith in the future health sector. The other reason we were brought along was that we would learn about what it is like to live with a mental illness, but also so that we can go home and advocate for giving people living with a mental illness the respect and dignity they deserve.

I was told to treat someone with a mental illness how you would treat your mother, I thought of all the rude things I had said to my mum over the years and I decided that when I am out in the field as a health professional just to treat everyone how I would treat mum on mothers day. I don’t mean with flowers and breakfast in bed, I mean with respect and kindness. I think really the lesson is one that we all learnt in kindergarten but never really learnt, treat everyone how you wish to be treated, treat everyone with the respect and dignity that they deserve. If things ever get out of perspective, if I ever forget my lessons along the way maybe I will go back and read this blog to remind myself. But I don’t think I will forget, because last week I made 60 new friends, and I will never forget them.
Appendix D

Building clinical confidence and skills: a placement with a difference

By Lorna Moxham, Shane Pegg, Susan Sumskis, Dana Perlman, Renee Brighton, Chris Patterson and Ellie Taylor

The location and duration of clinical placements impact on student learning and clinical confidence (Chuan and Barnett 2012). However, mental health clinical placements are scarce and typically situated within inpatient settings where consumers are acutely unwell.

A team at the University of Wollongong, led by Professor Moxham, developed a five-day immersive program called Recovery Camp addressing the need for quality mental health clinical placements. Recovery Camp, the first of its kind in Australia, is strengths-focused and individualised, facilitating personal recovery.

The camp occurs each May near Richmond, NSW. People with lived experience of mental illness attend, with therapeutic recreation and social connectedness the focus. Consisting of mindfulness activities like Tai Chi, and challenges like rock climbing and alpine rescue, the week is rewarding. Future health professionals, like nursing and psychology students, also attend. The interdisciplinary mix reflects real-world, collaborative, holistic practice.

Recovery Camp (n = 20; M = 30.65 years; SD = 10.49; 17 females) were compared to students who undertook a ‘traditional’ mental health clinical placement (n = 19; M = 30.53 years; SD = 11.81; 17 females). The 7-item Social Distance Scale (SDS) (Bogardus 1957) was used to capture perceptions about people with mental illness.

A repeated measures ANOVA demonstrated that, for nursing students who attended Recovery Camp, the difference in self-reported social distance from pre-camp (M = 13.75; SD = 3.54), to post-camp (M = 11.05; SD = 3.83), and at follow-up (M = 11.30; SD = 2.16) was statistically significant, F(1, 19) = 9.18, p = .001.

Findings demonstrated Recovery Camp involvement significantly reduced stigma amongst nursing students. This effect was maintained at three month follow-up and was not evident for the comparison group. The value of active, immersive interaction with consumers who are living in the community is clear.

David Pitchard, a student who attended camp in 2013 and now works as a mental health nurse, stated: “I look back to the Recovery Camp and can utilise what I learnt into my practice in a way that improves my practice, makes me a better nurse and provides more individualised and holistic care.”

Sponsorship is currently being sought. For information contact Ellie Taylor at elliejo@uow.edu.au

References


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