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# **BALKAN**

## **RECOVERY COLLEGE**

### **ADVISORY GROUP**

# FOREWORD

Since January 2025, Camden and Islington Recovery College has supported the creation of a Balkan Recovery College project spanning Serbia, Bosnia and Herzegovina, Slovenia, and Croatia. Funded through Erasmus+ (2025–2027), this international partnership advances recovery-focused learning, co-production, and peer-led education.

Over the past year, we met regularly online, shared resources, and participated in IMROC learning sets, shaping a shared vision for Recovery Colleges in the Balkans. Partners joined our online courses and accessed extensive recovery research and materials.

From April to August 2025, the Balkan Advisory Group, co-chaired by Professor Fiona Nolan and Ksenija Kadic, brought together students, professionals, academics, service users, and people with lived experience to co-produce practical recommendations for a 2026 pilot phase.

Co-produced entirely online, this report reflects our commitment to collaboration, inclusion, and accessibility. We hope it offers a model for those developing Recovery Colleges locally, nationally, or internationally, and underscores our shared belief in the power of recovery education to transform lives and communities.

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# AIM & OBJECTIVES

The aim of the Advisory Group was to support the development of the Balkan Recovery Colleges by offering strategic advice, signposting good practice, and promoting visibility beyond the project lead.

## Objectives

- Provided strategic direction and a clear vision
- Shared relevant research and examples of good practice
- Ensured cultural relevance and effectiveness of the model
- Promoted long-term sustainability beyond 2027
- Strengthened engagement with the Balkan community in London and fostered international partnerships

# TERMS OF REFERENCE

The Advisory Group met online four times between April and August 2025. Members contributed expertise, feedback, and co-produced key advice to pass onto the project, which was in desk research and needs analysis stage that included service mapping.

The group was co-chaired by Professor Fiona Nolan and Ksenija Kadic, and included representatives from the United Kingdom, Croatia, Bosnia and Herzegovina, Serbia, and Slovenia.

# MEMBERS

Membership included representatives from the UK, Croatia, Bosnia and Herzegovina, Serbia, and Slovenia, spanning NHS staff, peer specialists, academics, students, third-sector organizations, and community leaders.



KSENIJA KADIC

CO-CHAIR

RECOVERY  
COLLEGE  
MANAGER  
UK NHS



DR FIONA NOLAN

CO-CHAIR

DIRECTOR OF  
NURSING  
UK NHS



ISIDORA  
IVANOVIC

SPECIAL  
PEDAGOG  
SERBIA



DR SUHAIR  
MEREISH

RECOVERY  
COLLEGE  
STUDENT

I work at Camden and Islington Recovery College currently supporting and implementing Balkan Recovery College Project . My approach integrates community frameworks, the recovery model, and lived experience to support individuals in embracing growth and adaptability.

Combines senior clinical roles with an academic career. Since 2008 has developed programmes to build capacity for nurses to lead healthcare research. Covering topics which include mental health inpatient interventions, new service developments, workforce morale and sexual health.

I am currently working at the Dr. Laza Lazarevic, Centre for Mental Health at the Clinic for Psychiatric Disorders in Belgrade as a special pedagogue. I am a person who likes to help others, dedicated and open to cooperation. In my free time, I like to do sports.

Working at the University of Westminster. My work is driven by a deep passion for research and a commitment to creating meaningful impact through academia and volunteering. Coming from a multicultural background, I value diverse perspectives I bring this lens to my academic and community work.



ADAM  
SZCZUBKOWSKI

RECOVERY  
COLLEGE  
ADMINISTRATION  
UK NHS

I've been involved in administration of the Camden and Islington, London UK Recovery College from its early days in 2016. I have gained invaluable experience in operational and logistical side of implementation of College's mission and ethos. I am excited to bring my insight into the Balkan Recovery College Advisory Group and learn along the way.



DAMIR NAGLIC

MASTER OF  
SPECIAL  
EDUCATION  
SERBIA

I currently work in the Department of Forensic Psychiatry, Center for Mental Health. In parallel with my professional work. I am dedicated to psychotherapy and long-term support for people with mental health challenges. I was an active football referee for 18 years, which shaped my professional identity. I am married and have one daughter.



MOJCA  
NAHTIGAL

PEER SUPPORT  
WORKER  
SLOVENIA

President of the Hearing Voices Association. I have been perceiving voices, images and energy since early childhood. I was diagnosed after several painful events in my life which I was unable to process on my own. By providing peer support to other people in mental health, I want to give back the support I received on my recovery journey.



ANA DJURDJEVIC

SYSTEMIC  
FAMILY  
THERAPIST  
UK NHS

Combines academic background in psychology and political science. Her professional experience is in the fields of mental health, suicide prevention, domestic violence and gender equality. Helping those who experience a first episode of psychosis, their families to better understand support each other.



MEDIHA  
KOVACEVIC-  
JOVANOVIC

PSYCHOLOGIST  
AND CBT  
THERAPIST  
BOSNIA &  
HERCEGOVINA

Co-founder and president of the Association Tavan. Active in the NGO sector for the past 12 years. Complementing my formal education, I have undergone training in peer support, the Hearing Voices approach, and workshops in Open Dialogue. My responsibilities in Tavan Association include facilitation of peer-support groups and counseling.



DR MARIA  
THEODOROU

RECOVERY  
COLLGE  
STUDENT AND  
ARCHITECT  
UK NHS

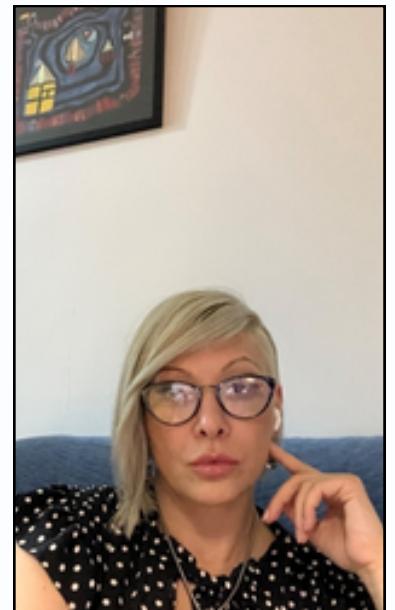
An RIBA architect, Maria has taught at architecture schools in the UK, and lectured/published internationally. She has been the director and founding member of the independent School of Architecture for All (SARCHA) which focused on co-production of community projects.



CAROLEEN BRAY

SOCIAL WORKER  
AND TRAUMA  
THERAPIST  
UK NHS

She has worked with individuals, couples and families across the life cycle. Her work centres the strengths and challenges people face and the context of culture, age, gender, race and trans-generational experiences. She enjoys supporting people to develop self-compassion and to find their agency facing interpersonal and social challenges.



DR TIJANA  
MIRJANIC

PSYCHIATRIST  
SERBIA

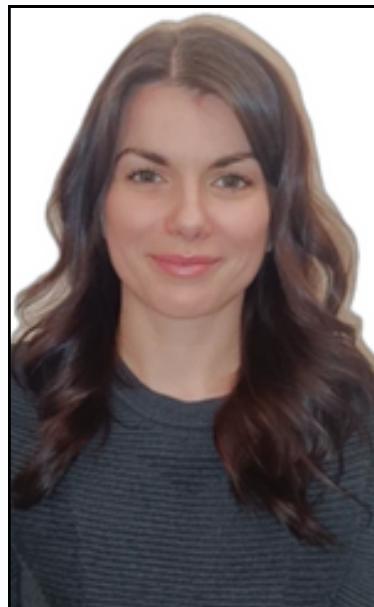
I work in The Dr Laza Lazarevic Centre for Mental Health at the Clinic for Psychiatric Disorders in Belgrade, Serbia. I like to explore new ideas with mental health professionals from different backgrounds. I like to integrate REBT, Schema psychotherapy, Mindfulness and pharmacotherapy. I enjoy movie therapy with my clients.



BARBARA VLAŠE  
ROMAN

CLINICAL  
PSYCHOLOGIST  
CROATIA

Specialized in play therapy, experienced in supporting children, adolescents, and adults facing a wide range of mental health challenges. Passionate about empowering individuals through education, creativity, and connection, with a strong belief in the principles of co-production and lived experience.



LJUBICA TASIC  
KENNEDY

FAMILY  
THERAPIST  
SERBIA

Kennedy is an EU and nationally certified systemic family therapist and a teacher. She is one of the founders of the ROOT organization and the member of the Supervisory Board.



JASMINA  
BOGDANOVIC

SOCIAL WORKER  
SERBIA

Currently employed at the Institute of Mental Health, Clinic for Children and Adolescents. A Coordinator of Volunteer Programs and Wellness Activities at the Center for Youth (CEZAM). Member of Association Prostor, supporting people through art therapy and psycho-social support.



MARTA MARLAIS

PSYCHOLOGICAL  
WELLBEING  
PRACTICIONER  
UK NHS

Currently working at Camden NHS Talking Therapies Service (formerly known as Improving Access to Psychological Therapies). My family are originally from Croatia so I am looking forward to being part of this project and working collaboratively to consider recovery models for this region.

# COPRODUCED MATERIALS

Collaborative purpose statement for the Advisory Group:



Purpose: Support the Balkan Recovery College pilot by bringing together lived and professional expertise, so the approach stays inclusive, culturally sensitive, and co-produced.

#### *Role of the Advisory Group*

- Champion visibility and share resources for the project.

#### *Key Takeaways*

- Recovery is possible.

#### *Working Together*

- Co-production through dialogue.
- Listen to every voice, including the quietest.
- Non-judgmental, supportive collaboration achieves more.

#### *Community Focus*

- Identify community needs and act on them.
  - Build connection across differences.
  - Create a ripple effect.

#### *Learning*

- Education matters and involves families.
  - Co-learning helps everyone grow.
  - Nurture a supportive environment.

# FIRST MEETING

## ADAPTING THE RECOVERY COLLEGE MODEL TO BALKAN LOCAL CONTEXT

First Advisory Group Meeting brought together diverse voices to shape a locally rooted Recovery College. Participants reflected on UK practice, explored cultural and healthcare contexts of the Western Balkan region, and co-produced the aim, objectives, and purpose.

### *Key insights*

- Student-centred, inclusive learning
- Lived experience as equal expertise
- Recovery framed as hopeful and meaningful

### *Accessibility*

Early gaps at C&I showed how physical access and student feedback were overlooked. A new policy made accessible venues non-negotiable, even without dedicated funding.

Advice for Balkan pilots: Prioritise practicalities — refreshments, signage, and assistive tech. Build accessibility in from day one.

“Accessibility became non-negotiable, even without funding.”

— Ksenija

### *Healthcare systems*

UK: NHS care is free at the point of delivery; Recovery Colleges sit within NHS Trusts and are open-access without clinical referral.

Balkans: In Bosnia and Herzegovina, coverage is tied to employment, so access isn't equal for all. In Croatia and other former Yugoslav countries, healthcare follows a solidarity model: employed people contribute from income, while children, students, pensioners, and the unemployed are covered by the state.

## *Healthcare access*

*“Your initiative is truly great and will, I am sure, only enrich our communities and professional network. We hope these meetings represent the beginning of our long professional acquittance.”*

— Ljubica ROOT

Impact: These differences raise questions about ensuring free, equitable access to recovery education across diverse systems.

## *Understanding recovery*

In Bosnia and Serbia, many professionals don't see recovery as meaningful or achievable. The medical model dominates, and many service users say they've never heard “recovery” from their psychiatrists.

Need: Introduce recovery as a hopeful, valid concept to clinicians and communities.

## *Lived experience and power*

Hierarchical systems often undervalue lived experience. Co-production challenges this, but it needs to be modelled intentionally.

Insight: Co-facilitation across roles and backgrounds softens the “us vs. them” divide and builds mutual respect.

## *Student-led, not treatment*

*“Recovery Colleges are not about treatment. They’re about people leading their own healing. It’s student-led, not teacher-driven.”*

— Ljubica

## *Recovery as a proactive journey*

Recovery Colleges promote active participation, not passive treatment. This student-centred model empowers people to lead their own journeys.

Example: Students described shifting from being “treated” to becoming agents of change through learning and peer support.

*“In the UK, we use booklets, performances, and events to show recovery is possible. Seeing someone else succeed helps people believe they can too.”*

— Suhair

### *Storytelling, Representation, and Hope*

In the UK, platforms such as booklets, performances, and events allow students to share recovery journeys. These stories build hope and shift internal narratives.

Adaptation for the Balkans: Sharing diverse recovery experiences publicly and sensitively could be a powerful lever for cultural change.

### *Open Access and Inclusive Environments*

UK Recovery Colleges are open to all: service users, professionals, families, and the public. In post-conflict Balkan societies, managing diversity in classrooms requires careful facilitation.

Key question: How can recovery learning spaces promote inclusion while acknowledging historical tensions?

*“Stigma and shame are still strong here. Recovery Colleges could help families talk about mental health in ways they never have before.”*

— Ana Djurdjevic

*Questions to pass onto Balkan Recovery College:*

- What does recovery mean in your local context?
- How can it be redefined or reintroduced to professionals and the community?
- How will lived experience be valued and embedded into design and delivery?
- What systemic barriers need to be named early? Can a shared space exist across generations, faiths, ethnic groups, and experiences?
- What support or facilitation would be needed?
- What small, concrete things (like accessibility or refreshments) might make a big difference.

# SECOND MEETING

## RECOVERY COLLEGE MODEL S &

## INCLUSION STRATEGIES

The second meeting of the Balkan Recovery College Advisory Group focused on deepening collaborative dialogue around how Recovery College models could be shaped to meet the diverse needs of communities across the region. Building on insights from the first meeting, participants engaged in small group discussions exploring models of delivery, access and inclusion, and partnership and sustainability. Conversations centred on therapeutic and recovery approaches, co-production, the role of lived experience, and how to ensure accessibility for different population groups. Participants also shared examples from their countries, highlighting the work of NGOs, the importance of cultural sensitivity, and the potential of community-based models to address gaps in overstretched public systems. These discussions are helping to inform the ongoing mapping phase of the project, which will support both the current development process and future pilot implementation of Recovery Colleges in the Balkans.

### *UK Reference: C&I Recovery College Model*

As part of the knowledge exchange, C&I Recovery College was presented as a model of good practice. Embedded within the NHS Trust, it operates on an open access basis. No referrals required and welcomes all community members. This inclusive structure supports co-production and community ownership.

*“We are embedded in the Trust and open to all – no referrals needed. This is what makes our model accessible and community-driven.”*

– Ksenija

### *Bosnia and Herzegovina*

Lead Organization: Tavan Association, Sarajevo

Models and Delivery: Community-based, Peer and Recovery, Co-production

Access and Inclusion: NGO-led services, Family involvement, Community outreach

Local Inclusion Strategies: Youth, Families, General public

Partnership and Sustainability: Local NGOs, Cultural institutions

### *Croatia*

Lead Organization: Home for Adults, Turnic, Rijeka (dom-turnic.hr)

Models & Delivery: Therapeutic, Narrative, Systemic

Access & Inclusion: GP referrals, Public-private healthcare mix

Local Inclusion Strategies: Elderly, Mental Health, Open to Peer and Recovery Co-Production Model

Partnership & Sustainability: Social workers, GPs, Community events

### *Slovenia*

Lead Organization: Association Hearing Voices, Ljubljana

Models & Delivery: Peer Recovery, Medical-Social, Co-production

Access & Inclusion: Public system, Cultural sensitivity, Local clinics

Local Inclusion Strategies: People who hear voices, Elderly, Culturally diverse groups

Partnership & Sustainability: Mental health institutions, Cultural organizations

### *Serbia*

Lead Organisation: Prostor Association, Belgrade ([www.prostor.org.rs](http://www.prostor.org.rs))

Models & Delivery: Community-based, Peer Recovery, Co-production

Access & Inclusion: NGO-led services, Family involvement, Community outreach

Local Inclusion Strategies: Youth, Families, General public

Partnership & Sustainability, Local NGOs, Community clinics

# THIRD MEETING

## CO-PRODUCING COLLECTIVE RECOMMENDATIONS

The third meeting focused on identifying individual contributions and summarising the group's collective work. Breakout discussions allowed participants to reflect on what has been done and learned, leading into a shared space where key insights were gathered and every voice contributed equally. The group explored how these contributions would shape the pilot curriculum and discussed roles and opportunities for involvement during the Balkan delegates' UK visit from 1–5 December, including:

- Co-production hosting roles
- Sharing lived experience expertise
- Showcasing collaborative practice in action

The following recommendations reflect the collective insights and guidance of the Advisory Group, aimed at supporting the planning and implementation of the Balkan Recovery College pilot:

- Co-Production: Ensure all participants—service users, educators, and stakeholders—actively shape design and delivery.
- Openness & Inclusivity: Value diverse backgrounds and experiences, empowering everyone to co-create the project.
- Community-Based Learning: Design education with and for the community, making it accessible, relevant, and collaborative.
- Diverse Offerings: Provide activities and content that engage different demographics, especially vulnerable or hard-to-reach groups.
- Connection & Inspiration: Create spaces for sharing, motivation, and mutual support among students.
- Structured Data Collection: Track progress and participation from the start to inform decisions and identify gaps.
- Active Roles for Participants: Encourage contributions through hosting, presenting, writing, or sharing expertise to guide the pilot.

# FOURTH MEETING

## ADVANCING CO-PRODUCTION

Our fourth and final Advisory Group meeting, Advancing Co-Production, gathered participants to reflect, honour individual strengths, and co-create final recommendations for the Balkan Recovery College pilot. We also discussed and contributed to the Balkan Recovery College visit and sustainability beyond the Advisory Group, building a closer alliance and partnership.

### *Individual Co-Production Achievements:*

Participants reflected on the group's work and shared insights.

- Adam: Emphasized structured data collection and long-term analysis.
- Maria: Proposed redefining recovery language and cultural adaptation.
- Suhair: Highlighted the importance of giving voice to service users.
- Ana: Appreciated collaborative planning and learning.
- Barbara & Mediha: Discussed architecture and space in recovery.
- Maria proposed alternative definitions of “recovery” such as “reboot your life” and “reformulation.”

### *Planning for Balkan Delegation Visit:*

- Ana and Adam discussed logistics for the December visit.
- Proposed activities: How to tell your recovery story course, informal gatherings, creative performances.

### *Celebration of Achievements:*

Participants shared personal reflections and strengths.

*“I was privileged to participate. I’m sure that the work of the group will make a valuable contribution to the overarching project and look forward to meeting some of the colleagues during the project visit later this year.”*

– Professor Fiona Nolan

# CONCLUSION & THANKS

## *The Impact of the Advisory Group on the Balkan Recovery College Pilot*

The work of the Advisory Group has highlighted the importance of co-production, lived experiences, and professional expertise in shaping the pilot for the Balkan Recovery College. The insights, reflections, and recommendations generated during our meetings can serve as a valuable model for establishing Recovery Colleges worldwide. This process underscores how collaborative planning, cultural adaptation, and intentional inclusion can influence the development of recovery-focused education in various contexts.

### *Acknowledgments*

We would like to extend our heartfelt gratitude to all participants for their time, commitment, and contributions throughout the Advisory Group process.

Your expertise, insights, and lived experiences have been instrumental in shaping the pilot, ensuring it embodies the values of openness, accessibility, and recovery-centred learning.

### *Upcoming Events*

The Balkan Recovery College Delegation visit, co-produced with Advisory Group members, is set to occur in London from December 1–5, 2025. During this visit, delegates will have the opportunity to:

- Explore examples of best practices
- Attend Recovery College courses
- Participate in informal gatherings

These activities will cover the key themes discussed and co-produced during the Advisory Group meetings. For those interested in learning more please email [nlft.recoverycollege@nhs.net](mailto:nlft.recoverycollege@nhs.net) or visit [northlondonmentalhealth.nhs.uk/recoverycollege](http://northlondonmentalhealth.nhs.uk/recoverycollege)